# 2018 Beaufort County Community Health Needs Assessment

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Beaufort Hospital

BEAUFORT COUNTY
PUBLIC HEALTH
NORTH CAROLINA

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# Executive Summary

Beaufort County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the process and methods used to identify and prioritize significant health needs in Beaufort County. The service area for this report is defined as the geographical boundary of Beaufort County, North Carolina. Beaufort County is the fifth largest county in the state by total area and covers an area of 958 square miles, of which 827 square miles is land and 131 square miles is water.

To ensure the most pertinent information for Beaufort County is reflected, there is a full version and an abridged version, both of which can be found at www.bchd.net. The abridged version contains data and information that is most pertinent to the assessment, versus the full version which includes all data, surveys, and resources.

# Methods for Identifying Community Health Needs

## Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention, and the American Community Survey. See Appendix A, Table 31 for a full list of secondary data sources used.

The community indicator values for Beaufort County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, National Healthy People 2020 targets, and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. Rankings and indicator values help to identify needs but caution should be used when comparing across health topics and comparisons to other counties' indicators. For a detailed methodology of the analytic methods used to rank secondary data indicators, see Appendix A.

## Primary Data

The primary data used in this assessment consisted of a community survey distributed through online and paper submissions and three focus group discussions. Over 400 Beaufort County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

## Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data and review of all data by a prioritization work group, the significant health needs were determined for Beaufort County and are displayed in Table 1.

**Table 1. Significant Health Needs (alphabetical)**

| |
|---|
| Access to Healthcare |
| Cancer |
| Diabetes |
| Economy |
| Education |
| Exercise, Nutrition & Weight |
| Other Chronic Diseases |
| Prevention & Safety |
| Substance Abuse |
| Transportation |

## Selected Priority Areas

There were twenty-five indicators identified as target areas in Beaufort County. The 25 indicators were then narrowed down to four focus areas using the ranking method. A group of 35 voters, consisting of health leaders, community partners, community members, and etc., were allowed one vote each. Each member was given a ranking sheet that listed the 25 indicators in alphabetical order. Members were asked to rank the 25 indicators 1 through 25, 1 being the least priority and 25 being the greatest. All 35 votes for each indicator were calculated and the four largest totals/greatest priorities were identified.

The four specific priority areas identified for the 2019-2022 action plan were as follows:

1. Access to Health Services (including mental health)

2. Exercise, Nutrition, & Weight

3. Education

4. Substance Abuse

## Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Beaufort County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Beaufort County. Following this process, Beaufort County Health Department will outline how they plan to address the prioritized health needs from above in their implementation plan, which is located on www.bchd.net. Other reports such as The State of the County Health report are also located on the website.

# Introduction

The goal of this report is to offer a meaningful understanding of the most pressing health needs in Beaufort County and to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop, and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Beaufort County Community Health Needs Assessment was developed through a partnership between the Beaufort County Health Department, Vidant Beaufort Health, Health ENC and Conduent Healthy Communities Institute.

## About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC started with conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals or by local health departments is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, and the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for

Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee represented by local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

## Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

### *Partner Organizations*
- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

### *Hospitals and Health Systems*
- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

### *Health Departments and Health Districts*
- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department

- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

## Steering Committee

Health ENC is advised by a steering committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

### Health ENC Program Manager
- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

### Health ENC Steering Committee Members
- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

# Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to

improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of their clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit https://www.conduent.com/community-population-health/.

### *Conduent HCI report authors*
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# Beaufort County Health Department & Vidant Beaufort Hospital

## Community Health Team Structure

Representatives from the Beaufort County Health Department and Vidant Beaufort Hospital were responsible for conducting the Community Health Needs Assessment. To ensure input from persons with a broad knowledge of the community, personal invitations were sent to organizations representing the county in sectors such as mental health, children's health, and senior health services. Additionally, individuals from agencies representing the uninsured and underinsured were invited to participate. Those who committed to the assessment and planning process became the stakeholder group and helped prioritize the community health concerns/focus areas.

# Distribution

An electronic copy of this report, both abridged and unabridged, is available on www.bchd.net. Paper copies are available upon request. If you or your organization would like to request a copy of the 2018 Community Health Needs Assessment, please contact JaNell Lewis at 252-940-5090 or by email at Janell.Lewis@bchd.net

# Evaluation of Progress Since Prior CHNA

Community Health Need Assessments are required to be conducted every four years for Health Departments and every three years for hospitals. The last Community Health Needs Assessment was conducted in 2014. The priority areas identified in the 2014 Community Health Needs Assessment were: cancer, chronic disease, access to care, and weight management, nutrition and obesity. After the Community Health Needs Assessment is conducted and priority areas are identified, an action plan is created in which specific steps and timeline are determined in order to impact each priority area identified. Each year the SOTCH (State of the County Health) report is released to show progress made among priority areas in years which Community Health Needs Assessments are not conducted.

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding Community Health Needs Assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2018 Community Health Needs Assessment, access to health care (including mental health), nutrition, weight, and obesity,  education, and substance abuse  were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A of the unabridged version, located on www.bchd.net.

The 2014 Community Health Needs Assessment was presented to various groups, including but not limited to; Beaufort County Board of Health, Beaufort County Board of Commissioners, and Beaufort County 360 Leadership team.

# Methodology

## Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Beaufort County.

## Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment came from Conduent Healthy Communities Institute. The secondary data analysis was conducted using Conduent HCI's data scoring tool and the results are based on 148 health and quality of life indicators. The data is primarily derived from state and national public data sources. For each indicator, there exist several comparisons to assess Beaufort County's status, including how Beaufort County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 1). For each indicator, the Beaufort County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data



**Figure 1. Secondary Data Scoring**

North Carolina Counties

U.S. Counties

North Carolina State Value

U.S. Value

HP 2020

Healthy NC 2020

Trend

Indicator Score

Topic Score

collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs. Please see Appendix A for further details on the secondary data scoring methodology.
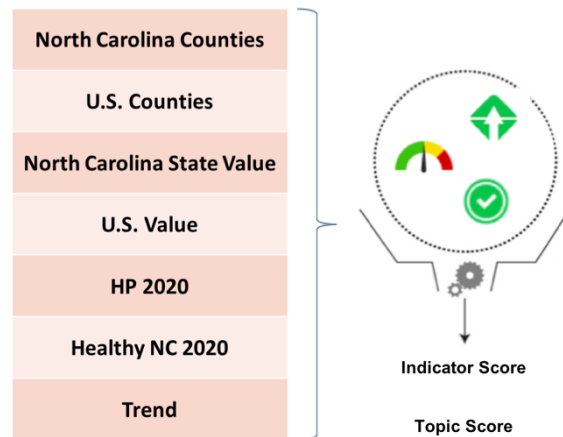
## Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2. These topic areas were further evaluated by community leaders to create focus areas.

**Table 2. Health and Quality of Life Topic Areas**

| | | |
|---|---|---|
| Access to Health Services | Family Planning* | Prevention & Safety |
| Cancer | Food Safety* | Public Safety |
| Children's Health* | Heart Disease & Stroke | Respiratory Diseases |
| County Health Rankings | Immunizations & Infectious Diseases | Social Environment |
| Diabetes | Maternal, Fetal & Infant Health | Substance Abuse |
| Disabilities* | Men's Health | Teen & Adolescent Health* |
| Economy | Mental Health & Mental Disorders | Transportation |
| Education | Mortality Data | Vision* |
| Environment | Older Adults & Aging | Wellness & Lifestyle |
| Environmental & Occupational Health | Other Chronic Diseases | Women's Health |
| Exercise, Nutrition, & Weight | Oral Health* | |

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

## Health ENC Region Comparison

When available, county-level data is compared to the state of North Carolina, as well as Health ENC counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

# Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey.

## Community Survey

Community input was collected via a 57-question survey, available online and paper, in both English and Spanish. SurveyMonkey was used to collect responses for the community survey. Completed paper surveys were entered into the SurveyMonkey tool. The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

### Survey Distribution

The SurveyMonkey link was promoted on all media platforms, i.e. Facebook, BCHD website, Instagram, and Twitter. Paper copies were made available to the public and placed in areas such as the health department lobby, doctor offices, libraries, etc. In addition, paper surveys were distributed at the 2018 411 Health Fair and through county pastors to their congregations. It was strongly encouraged that individuals use the electronic link to complete the survey. All paper copies were collected and input into the SurveyMonkey by Health Department personnel upon receipt. The survey was promoted at Board of Health meetings, local collaborative meetings, local partnerships, churches, health fairs/events, and more.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 502 responses were collected from Beaufort County residents, with a survey completion rate of 87%, resulting in 435 complete responses from Beaufort County. The survey analysis included in this CHNA report is based on complete responses.

**Table 3. Survey Respondents**

| Service Area | Number of Respondents* | | |
| --- | --- | --- | --- |
| | English Survey | Spanish Survey | Total |
| All Health ENC Counties | 15,917 | 441 | 16,358 |
| Beaufort County | 429 | 6 | 435 |

*Based on complete responses

Survey participants were asked a range of questions related, but not limited to, what populations are most negatively affected by poor health outcomes in Beaufort County, what their personal health challenges are, and what the most critical health needs are for Beaufort County. The survey instrument is available in Appendix C of the unabridged version located at www.bchd.net.

## *Demographics of Survey Respondents*

The following charts and graphs illustrate Beaufort County demographics of the community survey respondents.

**Table 4. Beaufort County Race and Gender Demographics (Health ENC)**

|  | Percent in Beaufort County Population | Percent of Survey Respondents |
|---|---|---|
| African American | 25.3% | 21.1% |
| Caucasian | 71.7% | 77.0% |
| Female | 52.3% | 75.93% |
| Male | 47.7% | 23.6% |

The majority of survey respondents completed some college or earned a college, graduate or associates degree. The highest share of respondents (23.9%) had a bachelor's degree and the next highest share of respondents (21.6%) had an associate's degree or vocational training (Figure 2).

**Figure 2. Education of Community Survey Respondents**
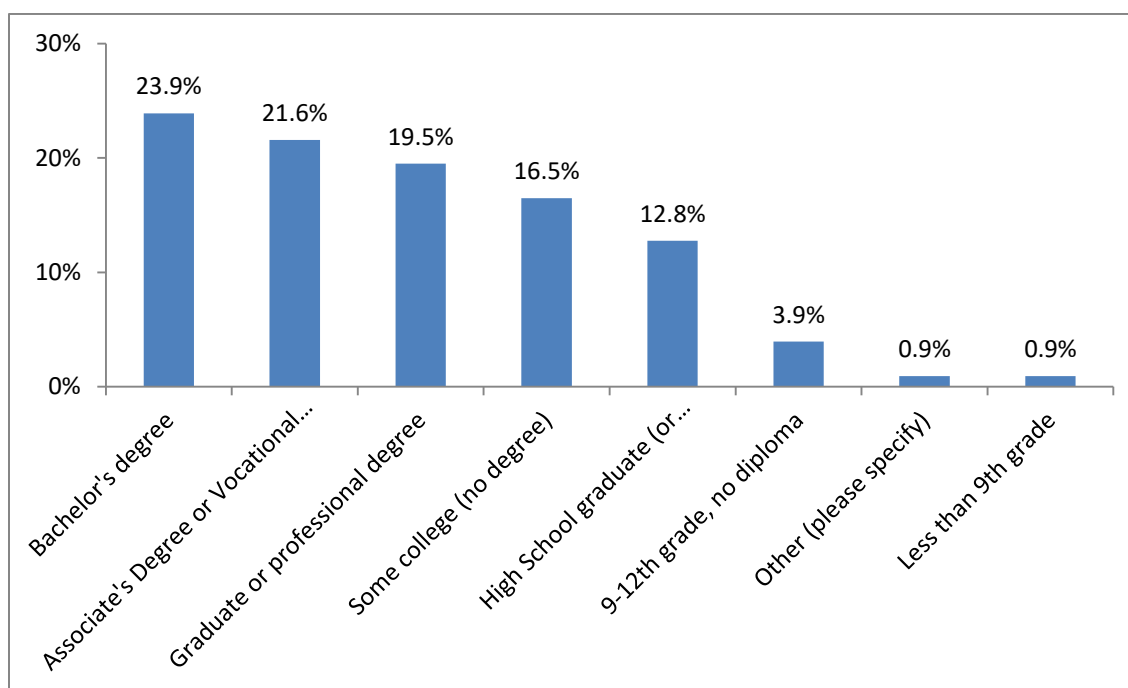


As shown in Figure 3, almost two-thirds of the respondents were employed full-time (64.8%). Respondents' total household income, before taxes, was predominantly above $24,999 and concentrated within the ranges of $50,000-74,999 (21%), $75,000-99,000 (22%) and $100,000 or more (18.2%). The average household size was 3 individuals.

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**Figure 3. Employment Status of Community Survey Respondents**
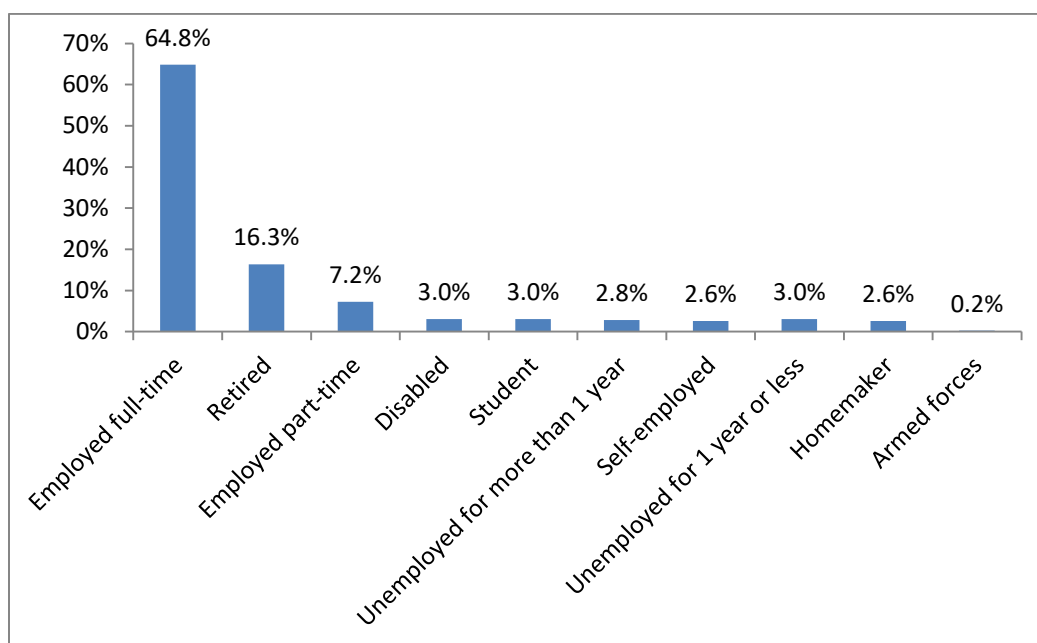


Figure 4 shows the health insurance coverage of community survey respondents. Almost two-thirds of survey respondents have health insurance provided by their employer (63.7%), 16.8% have Medicare and 8.7% have no health insurance of any kind.

**Figure 4. Health Care Coverage of Community Survey Respondents**
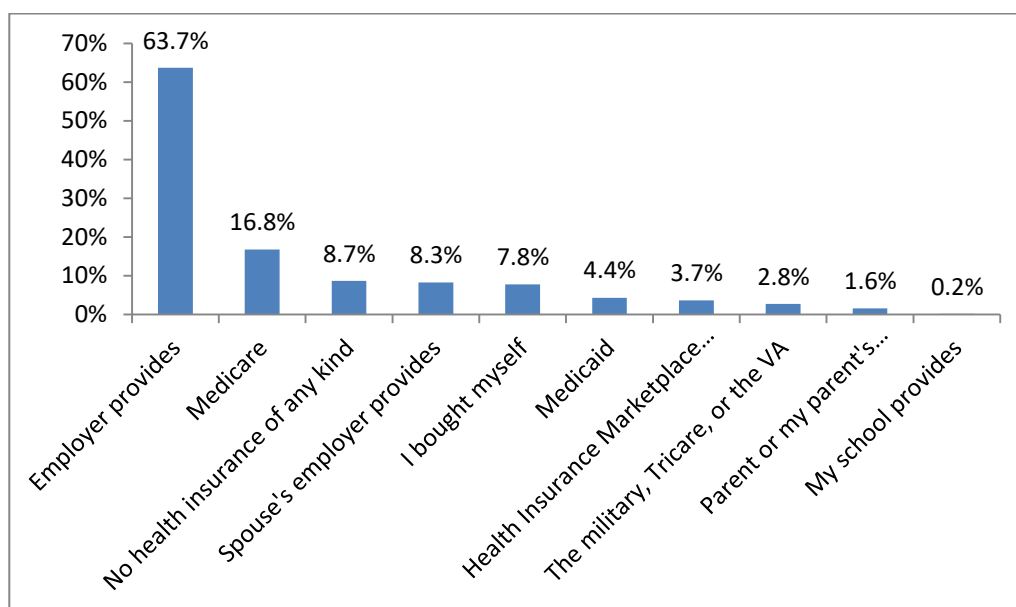


Overall, the community survey participant population was heavily represented by white, educated women with at least some college education or professional degree. The survey was a convenience sample survey, and thus primary data results may not be completely representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This

approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on and [www.bchd.net](www.bchd.net).

## Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Beaufort County.

The purpose of the focus groups for the 2018 CHNA was to engage with a broad cross-section of individuals from the county, such as worker groups, healthcare workers, and county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

The focus groups were planned by the CHNA leadership team, which consisted of Health Department and Hospital staff. It was determined that a focus group would be held centrally in Washington, the south side of the river in Blounts Creek, and the north side of the river in Pinetown. Those invited to attend the focus groups were well known community gatekeepers and prominent stakeholders in the county. Personal invitations were sent via email and asked for RSVPs whether they could or could not be in attendance.

The three focus group discussions were completed in Beaufort County between the dates of July 10, 2018 – July 24, 2018 with a total of 24 individuals. Table 5 shows the date, location, and number of participants for each focus group.

**Table 5. List of Focus Group Discussions**

| Date Conducted | Focus Group Location | Number of Participants |
|---|---|---|
| 7/10/2018 | Beaufort County Health Department | 7 |
| 7/17/2018 | Northside High School | 7 |
| 7/24/2018 | Blounts Creek Fire Department | 10 |

Focus group transcripts were coded and analyzed by common themes. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. Additional focus group findings are available on [www.bchd.net](www.bchd.net).

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and support the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Beaufort County is rich with involvement by a cross section of the community.

# Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. Therefore, the indicator scores are to be used as tools and not stand alone priority needs.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators; however, some disparities determined by the data collection are reflected in Table 28.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited and able to attend. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

# Prioritization

A meeting was held on January 18th, 2019 at Beaufort County Health Department to prioritize the health needs for Beaufort County. The following were in attendance:

- JaNell Lewis – Human Services Planner IV/Preparedness Coordinator, Beaufort County Health Department
- James Madson – Health Director, Beaufort County Health Department
- Mary Peaks – Health Education Specialist, Beaufort County Health Department
- Brittany Joseph – Health Education Specialist, Beaufort County Health Department
- Alecia Gurkins – Health Education Specialist, Beaufort County Health Department
- Evan Lewis – Attorney
- Brian Alligood – Beaufort County Manager
- Jean Kenefick – System of Care Coordinator, Trillium Health Resource
- Anthony Tyre – Behavioral Health Director, Eastern Community Care Foundation
- Lisa Woolard – Executive Director, Beaufort-Hyde Partnership for Children
- Joneice Carroll – Pastor, Beebe Chapel CME
- Bishop James McIntyre – Pastor, Cornerstone Family Worship Center
- Becki Brinson – Program Evaluator, Beaufort-Hyde Partnership for Children
- Harvey Case – President, Vidant Beaufort Hospital
- Mike Andrews – Director of Patient Access & Support Services, Vidant Beaufort Hospital
- Crystal Dempsey – Manager of Community Health Improvement, Vidant Beaufort Hospital
- Pam Shadle – Director of Marketing, Vidant Beaufort Hospital
- Cindy Edwards – Lead Nurse, Beaufort County Schools
- Debbie Ainsworth – Physician , Washington Pediatrics
- Sally Love – Director, United Way

- Stacey Drakeford- Director, City of Washington
- Dave Loope – President, Beaufort County Community College
- Ann- Marie Montegue – Director, Eagle's Wings Food Pantry
- Jim Reed – Pastor,  Asbury United Methodist Church
- Martyn Johnson – Director, Beaufort County Ed. Tech
- Mariana Rolinksy – Public Health Administrator, AGAPE Health Services
- Robert Sands – CEO, Pamlico Rose Sustainable Institution for Sustainable Communities
- Dave Peterson – Regional Director, Trillium Health Resource
- Janet Joyner – Practice Manager, Vidant Behavioral Health
- Debra Windley – Principal, Beaufort County Schools
- Bill Booth – H.E.A. L. Chair, Alpha Life Enrichment Center
- Douglas Bissette- Chief,  Washington Fire
- Russell Davenport – Lieutenant, Beaufort County Sheriff's Office

There were 33 participants who voted and helped prioritize Beaufort County's top four focus areas. The ranking method was used to determine the top four focus areas. Each participant was given a sheet that laid out the top 25 indicators generated by the Health ENC CHNA report. Participants were asked to rank each indicator 1 through 25, with 25 being the greatest need and 1 being the least need. The values were totaled and the largest four totals were determined to be our four highest priority areas.

# Overview of Beaufort County

## About Beaufort County

Beaufort County has a rich historical past with each town boasting its own bit of history. The settlement of Washington occurred in 1775 by Colonel James Bonner. Washington was named after the first president of the United States, General George Washington. This is the reason that Washington is known as the "Original Washington." Washington bears the scars of the Civil War in a downtown home that still holds a cannonball shot by a Confederate ship. Despite war and two fires that destroyed much of the town, Washington has persevered and thrived to become what we know and love today. Washington is now home to much of the industry, recreation, and population that is located in Beaufort County.

Beaufort County has the privilege of being home to North Carolina's oldest town, Bath. Officially founded in 1705, Bath was the first port of entry into N.C. In its early years, the streets and docks of Bath were buzzing with everyone from Royal Governors to Pirates. Edward Teach, better known as Blackbeard, was said to have married a local and settled for a while in Bath. Today Bath is home to several historic sites such as the Palmer-Marsh House and the Bonner House.

Aurora, founded in 1880 is the youngest town in Beaufort County. Aurora is most known for its geological history. Numerous items can attest to this and can be seen at the Aurora Fossil Museum. In fact, everything from the jaw of a giant mega-toothed shark, to the skull of a whale and walrus can be seen here. Aurora is also home to one of the largest phosphate mines in the world, PotashCorp Aurora. PotashCorp Aurora also serves as one of the largest employers in Beaufort County.

Belhaven was once known as a busy industrial town that was home to several lumber companies and a branch of the Norfolk Southern Railroad. The vice-president of Norfolk Southern even made his home in Belhaven, River Forest Manor. The house is still standing today and serves as an inn, restaurant, and marina. Eighteen shipwrecks at the Belhaven waterfront have been identified by the North Carolina State Historic Preservation office.

Beaufort County is home to more than 47,000 residents. No matter what part of Beaufort County that you're in, you are sure to see a beautiful setting that blends the old with the new. The past, the present, and the future all work together to create the place that so many love and enjoy.

# Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Beaufort County, North Carolina.

## Population

According to the U.S. Census Bureau's 2016 population estimates, Beaufort County has a population of 47,526 (Figure 5). The population of Beaufort County has increased slightly from 2013 to 2015, and decreased slightly from 2015 to 2016.

**Figure 5. Total Population (U.S. Census Bureau)**
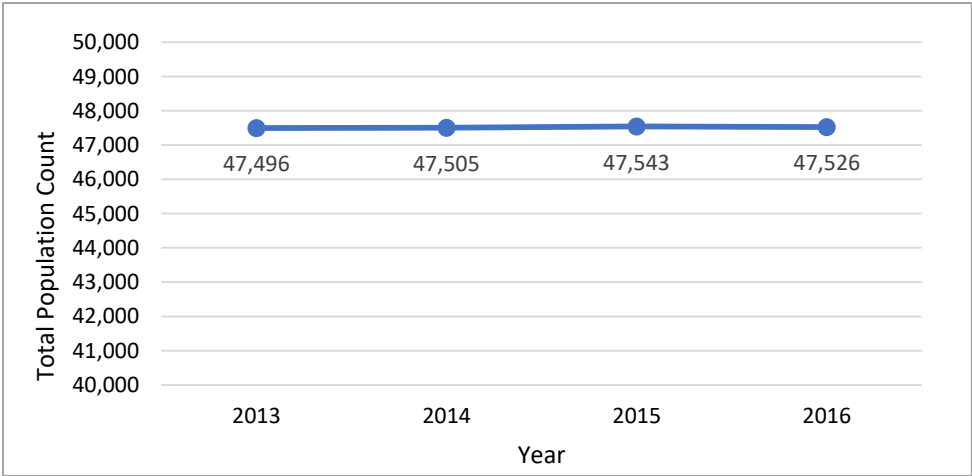


Figure 6 shows the population density of Beaufort County compared to other counties in the Health ENC region. Beaufort County has a population density of 57.7 persons per square mile.

**Figure 6. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)**
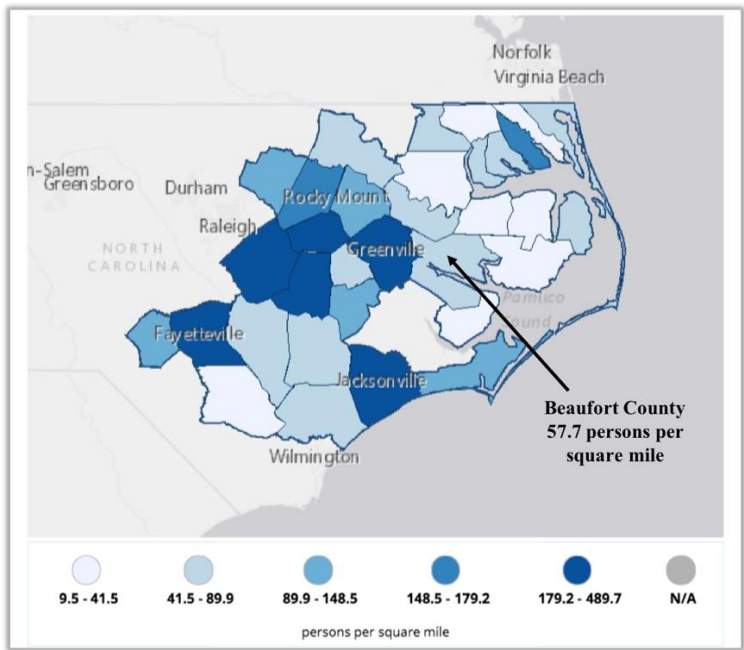


## Age and Gender

Overall, Beaufort County residents are older than residents of North Carolina and the Health ENC region. Figure 7 shows the Beaufort County population by age group. The 65-74 age group contains the highest percent of the population in Beaufort County, at 13.9%, which reflects an older population. The 45-54 age group contains the next highest percent of the population at 12.9%.

**Figure 7. Population by Age (U.S. Census Bureau, 2016)**
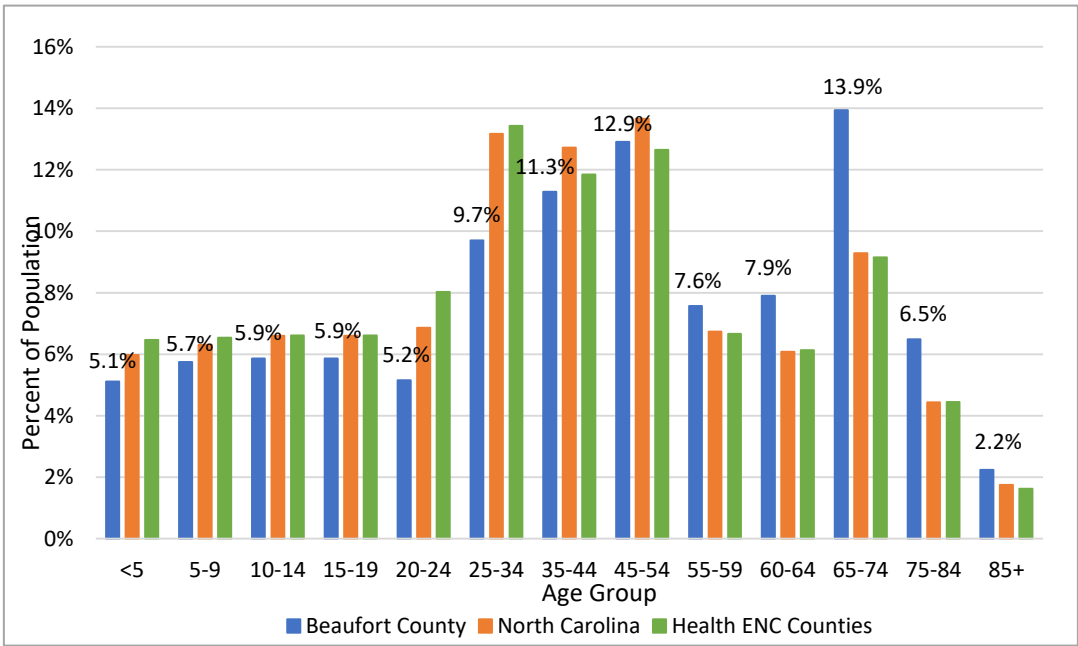


People 65 years and older comprise 22.7% of the Beaufort County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 8).This again reflects an older population in Beaufort County.

**Figure 8. Population 18+ and 65+ (U.S. Census Bureau, 2016)**
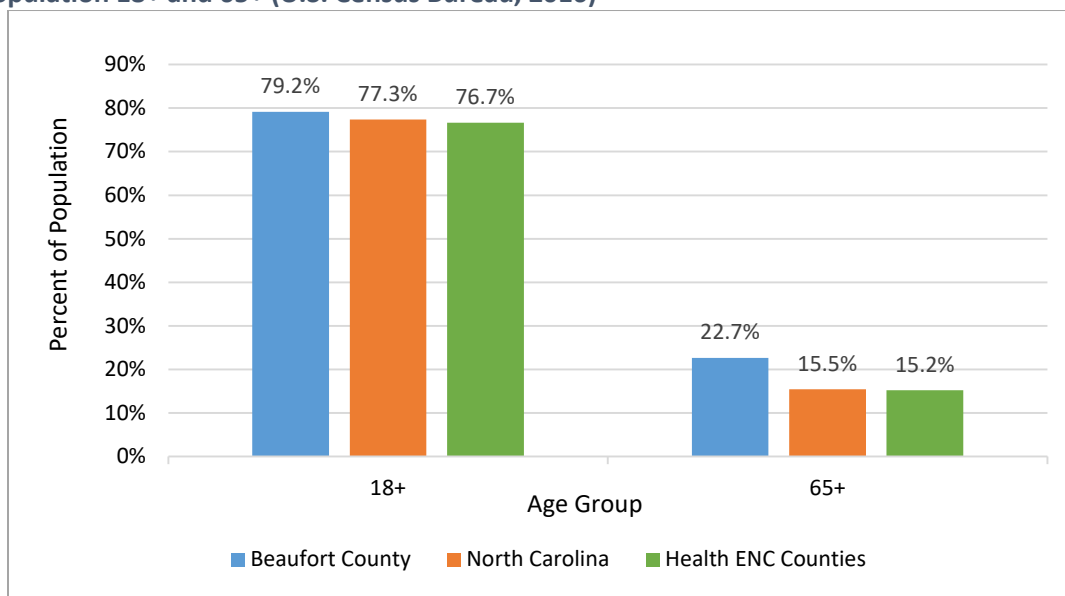


Males comprise 47.8% of the population, whereas females comprise 52.2% of the population (Table 6). The median age for males is 44.5 years, and the median age for females is 46.9 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

**Table 6. Population by Gender and Age (U.S. Census Bureau, 2016)**

| | Percent of Total Population | | Percent of Male Population | | Percent of Female Population | | Median Age (Years) | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | 18+ | 65+ | 18+ | 65+ | Male | Female |
| **Beaufort County** | 47.8% | 52.2% | 77.9% | 21.2% | 80.3% | 24.0% | 44.5 | 46.9 |
| **North Carolina** | 48.6% | 51.4% | 76.3% | 13.9% | 78.4% | 17.0% | 37.2 | 40.1 |
| **Health ENC Counties** | 49.2% | 50.8% | 75.8% | 13.5% | 77.5% | 16.9% | N/A | N/A |

# Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 9 illustrates that the birth rate in Beaufort County (9.1 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, the birth rate has decreased slightly in Beaufort County from 2015 to 2016.

**Figure 9. Birth Rate (North Carolina State Center for Health Statistics)**
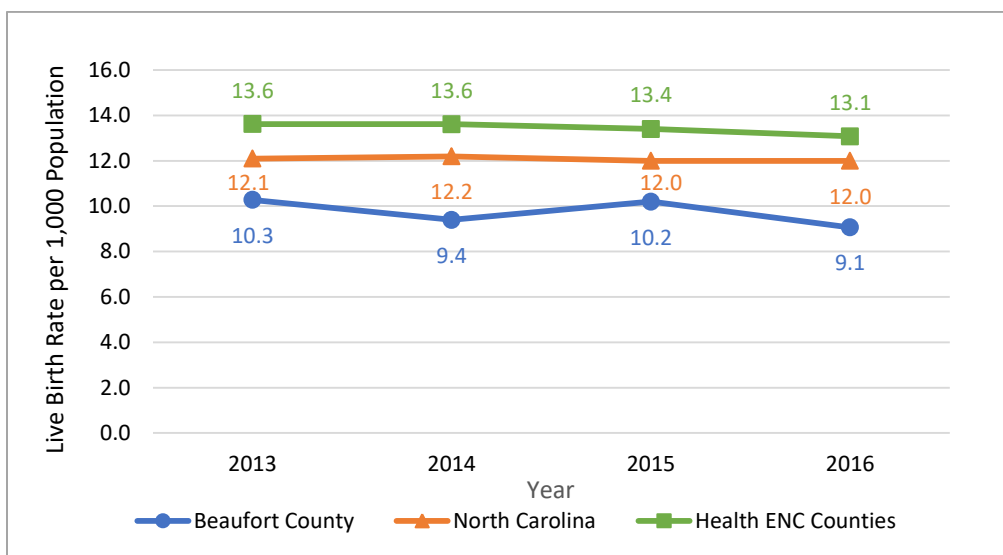


## Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 10 provides the racial and ethnic distribution of Beaufort County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The White population accounts for 71.8% of the total population in Beaufort County, with the Black or African American population accounting for 25.1% of the total population. Beaufort County has a similar share of residents (71.8%) that identify as White when compared to North Carolina (71.0%); however, the proportion of residents that identify as White is larger in Beaufort County than in Health ENC counties (63.8%). The proportion of residents that identify as Black or African American is higher in Beaufort County (25.1%) than North Carolina (22.2%), but lower when compared to Health ENC counties (30.7%). The Hispanic or Latino population comprises 7.8% of Beaufort County.

**Figure 10. Population by Race/Ethnicity (U.S. Census Bureau, 2016)**
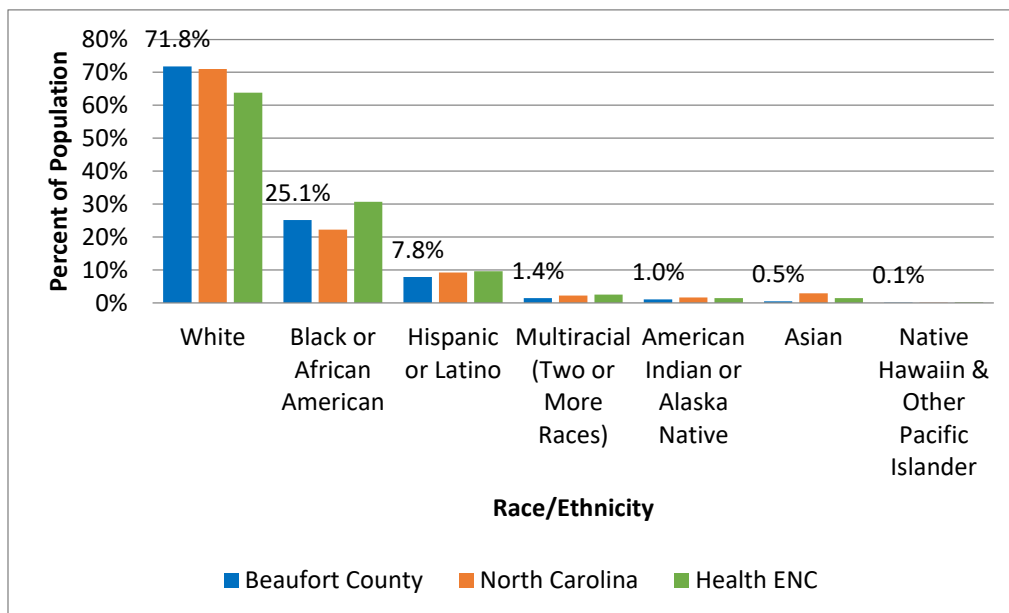


# Veteran Population

The veteran population data is provided as a percent of the veteran population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran activities and facilities. Beaufort County has a veteran population of 8.8% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 11).

Figure 11 also shows that the veteran population of Beaufort County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

**Figure 11. Veteran Population (American Community Survey, 2012-2016)**
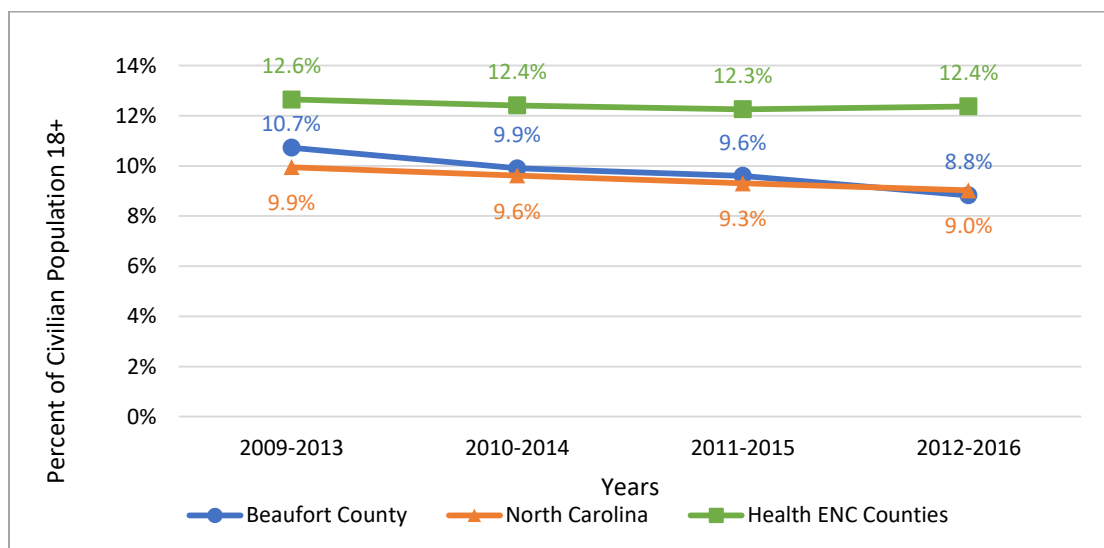
# Socioeconomic Profile

Social and economic factors are known to be strong determinants of health outcomes. Individuals with a low socioeconomic status are more likely to suffer from chronic diseases such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

## NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3.  In 2018, Beaufort County was assigned as a Tier 2 designation. However, has previously been designated as a Tier 1 in the past and bounces back and forth between the two tiers.

## Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 12 shows the median household income in Beaufort County ($40,906), which is lower than the median household income in North Carolina ($48,256).

**Figure 12. Median Household Income (American Community Survey, 2012-2016)**
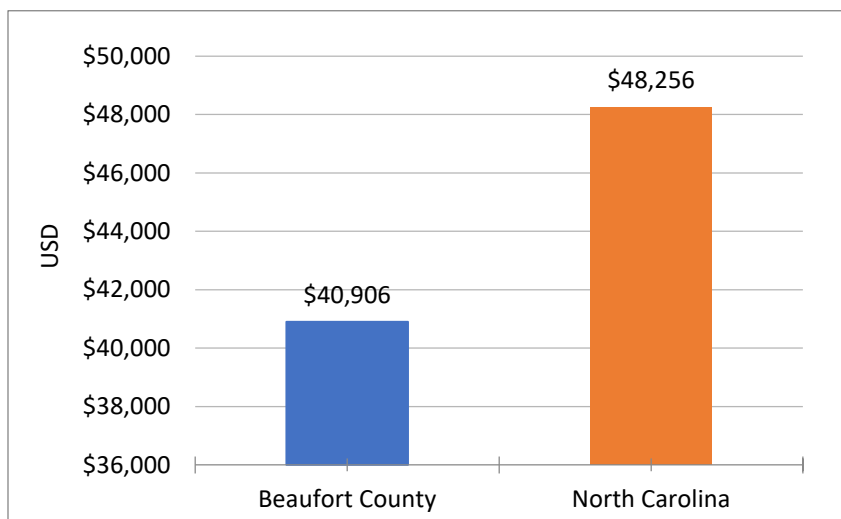


Within Beaufort County, zip code 27821 has the lowest median household income ($14,387) while zip code 27865 has the highest median household income ($58,173) (Figure 13). See figure 13 for additional zip code median household incomes.

**Figure 13. Median Household Income by Zip Code (American Community Survey, 2012-2016)**
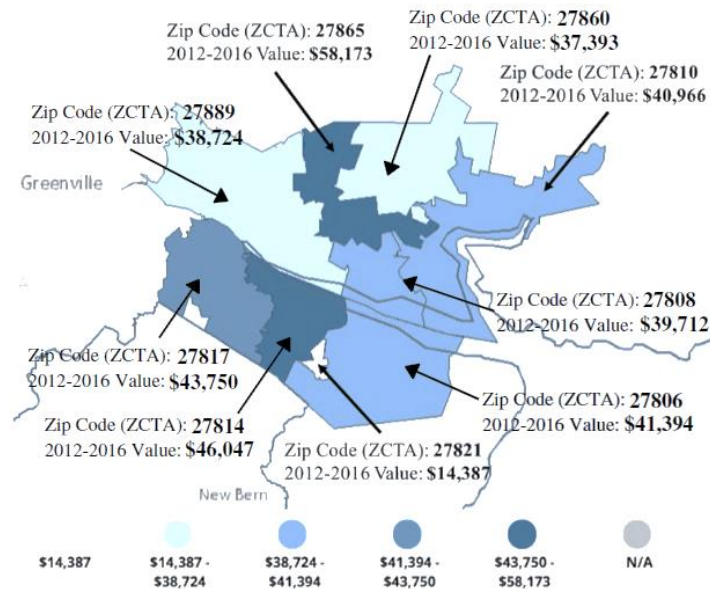


## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and the ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in Figure 14, 17.5% percent of the population in Beaufort County lives below the poverty level, which is higher than the rate for North Carolina (16.8%) but lower than the rate for the Health ENC region (19.2%).

**Figure 14. People Living Below Poverty Level (American Community Survey, 2012-2016)**
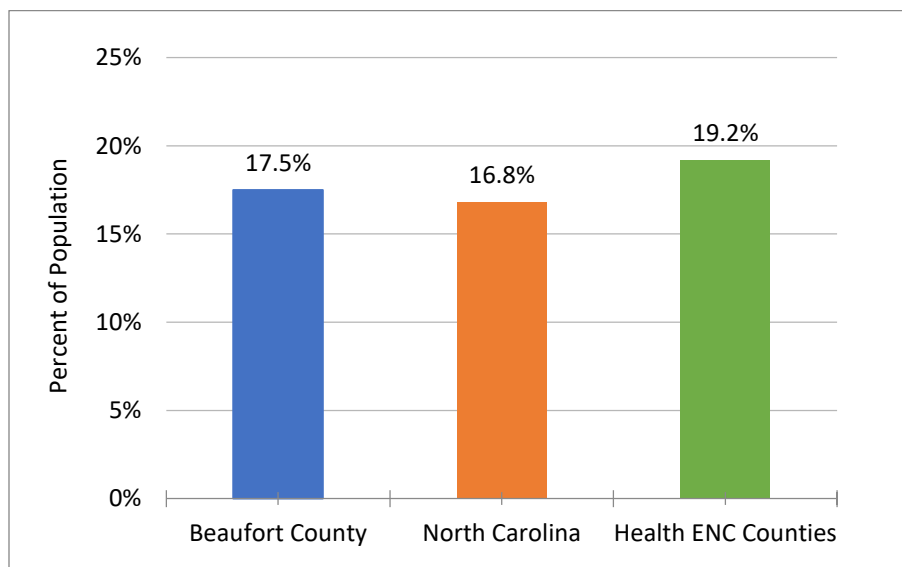
As shown in Figure 15, the rate of children living below the poverty level is lower for Beaufort County (22.0%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

**Figure 15. Children Living Below Poverty Level (American Community Survey, 2012-2016)**
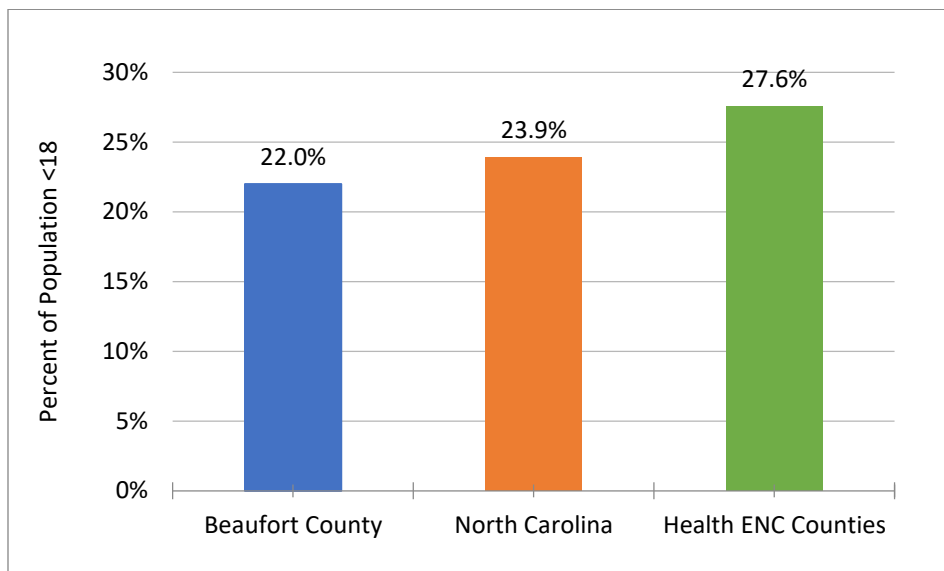


As shown in Figure 16, Beaufort County has a similar share of older adults living below the poverty level as the state of North Carolina (9.7%). Both are slightly lower when compared to the Health ENC region, where 11.5% of adults 65 years and older live below the poverty level.

**Figure 16. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)**
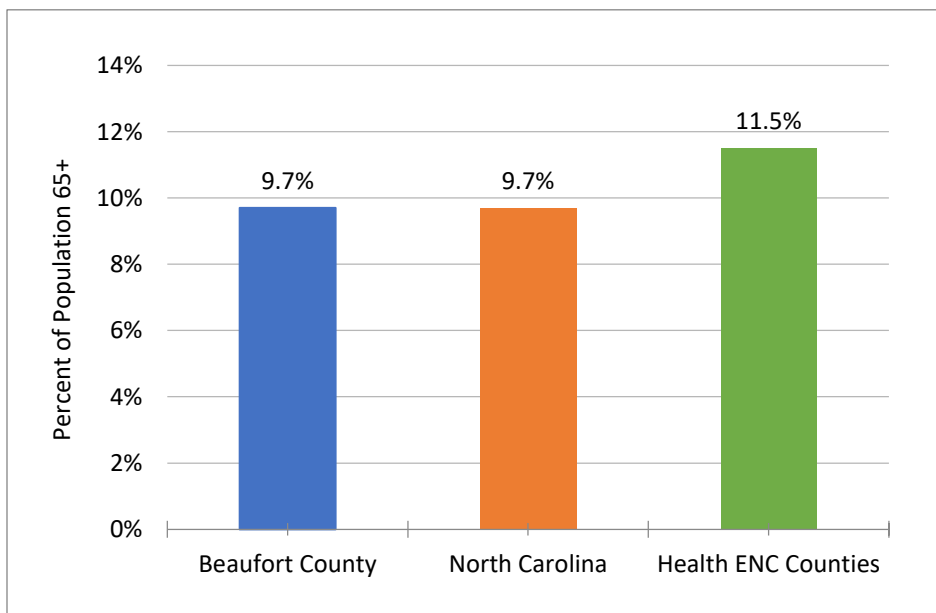
As shown in Figure 17, the percent of disabled people (ages 20-64) living in poverty in Beaufort County (36.6%) is higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

**Figure 17. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)**
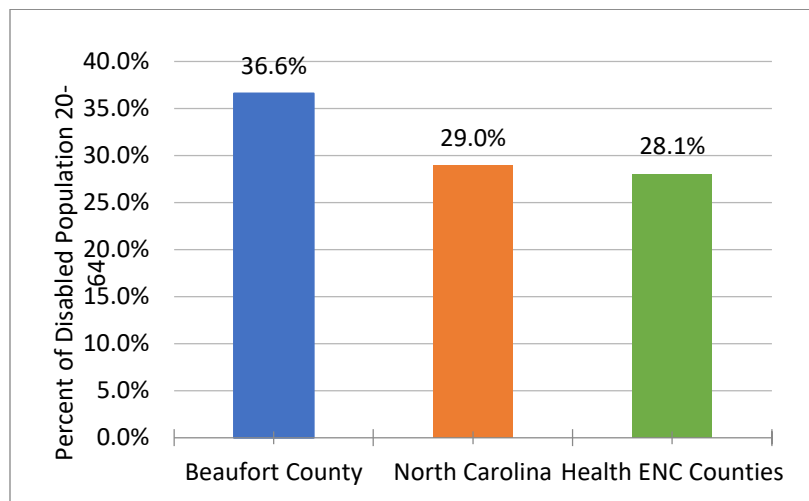


## Housing

The average household size in Beaufort County is 2.5 people per household, which is the same as the average household size in North Carolina.

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. In Beaufort County, the median monthly housing costs for mortgaged owners is $1,219 per month.

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 18 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Beaufort County, 15.7% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

**Figure 18. Severe Housing Problems (County Health Rankings, 2010-2014)**
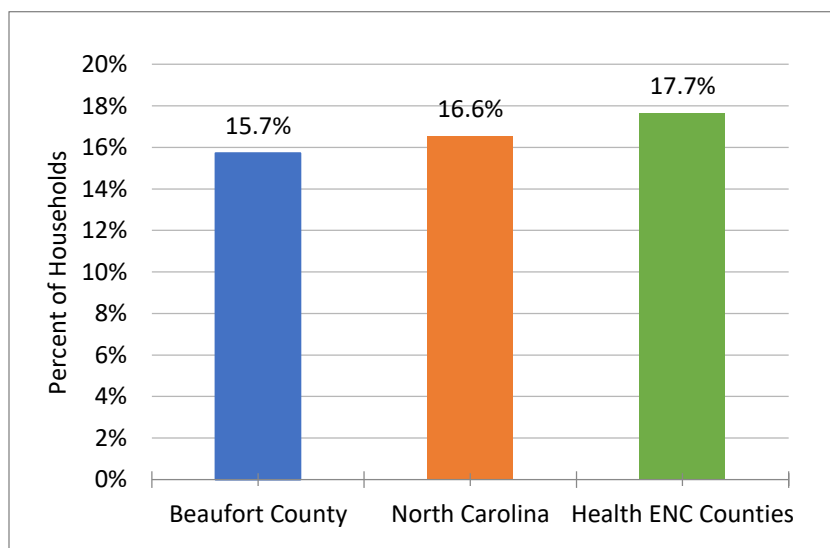
# Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 19 shows the percent of households with children that participate in SNAP. The rate for Beaufort County (40.9%) is lower than the state value (52.6%) and the Health ENC region value (51.5%).

**Figure 19. Households with Children Receiving SNAP (American Community Survey, 2012-2016)**
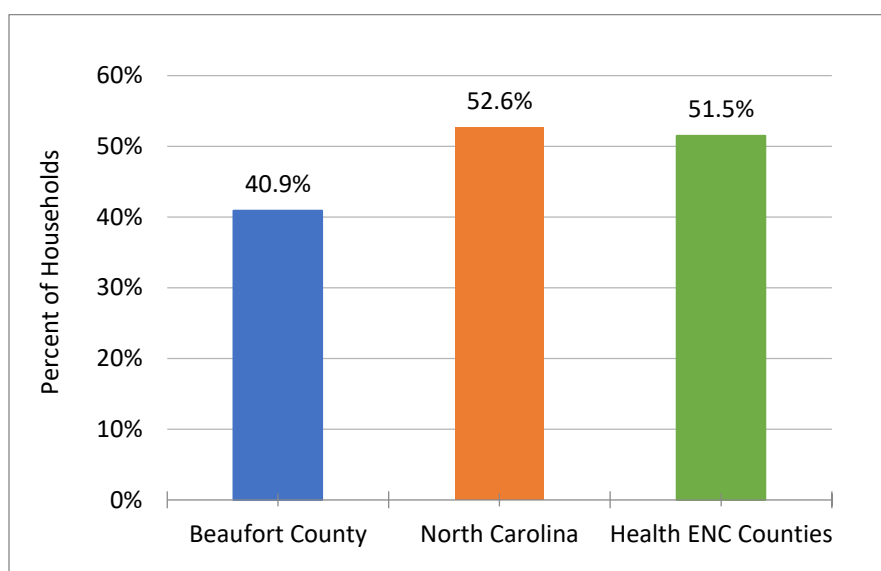


# SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Beaufort County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Beaufort County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27810, with an index value of 89.0, has the highest level of socioeconomic need within Beaufort County; while zip code 27808, with an index value of 48.4, has the lowest level of socioeconomic need. This is illustrated in Figure 20. Index values and the relative ranking of each zip code within Beaufort County are provided in Table 7.

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

**Figure 20. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**
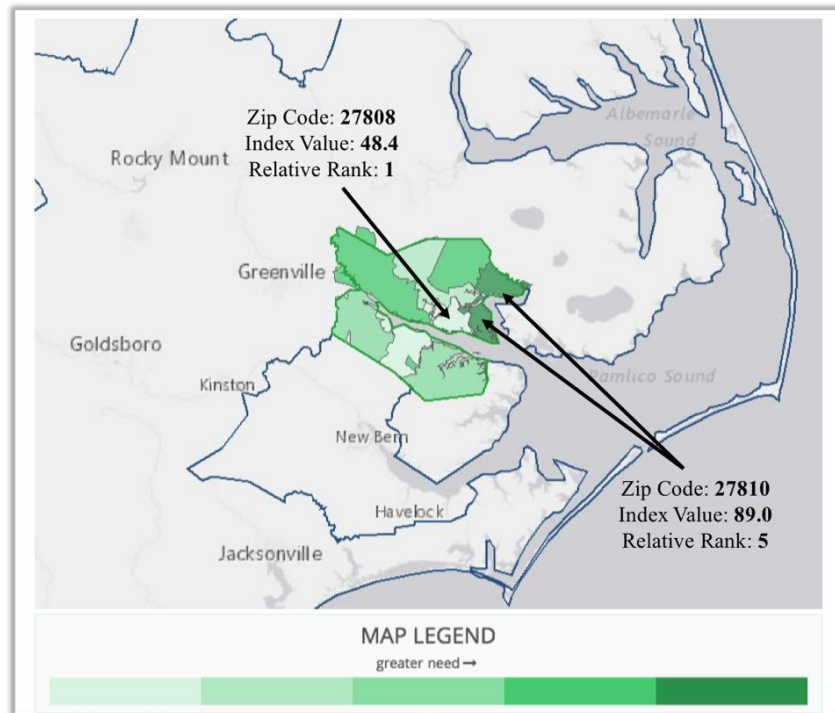


**Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**

| Zip Code | Index Value | Relative Rank |
|----------|-------------|---------------|
| 27810 | 89.0 | 5 |
| 27860 | 83.1 | 4 |
| 27821 | 80.3 | 4 |
| 27889 | 80.0 | 4 |
| 27817 | 76.1 | 3 |
| 27806 | 72.5 | 3 |
| 27865 | 68.3 | 2 |
| 27814 | 56.9 | 1 |
| 27808 | 48.4 | 1 |

Source: Conduent Health Communities Institute

# Educational Profile

## Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. According to the Office of Disease Prevention and Health Promotion, high school graduation leads to lower rates of health problems as well as a reduced risk for incarceration. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

Countywide, the percent of residents 25 or older with a high school degree or higher (84.6%) is slightly lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 21). Higher educational attainment in Beaufort County is also lower than the state value and Health ENC region. In Beaufort County, only 18.6% of residents 25 and older have a bachelor's degree or higher, which is lower than the state value of 29.0% and the regional value of 19.9%. (Figure 21).

**Figure 21. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)**
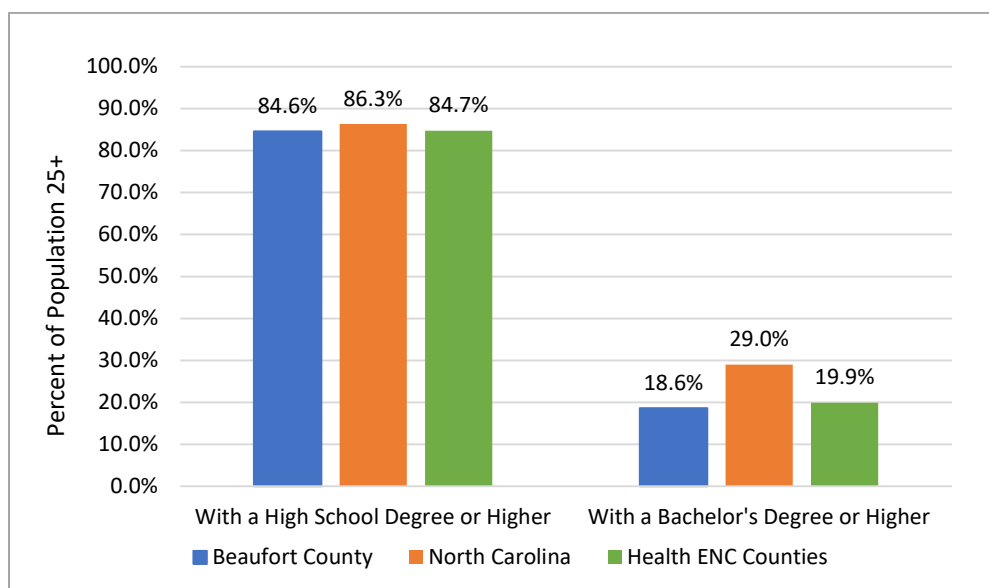


In some areas of the county, including zip code 27810, which has a high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 80%.

## High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Beaufort County's high school dropout rate, given as a percent of high school students in Figure 22, is 3.2% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Even more concerning, the high school dropout rate has consistently increased over the four most recent years, from 2.2% in 2013-2014 to 3.2% in 2016-2017.

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**Figure 22. High School Dropout Rate (North Carolina Department of Public Instruction)**
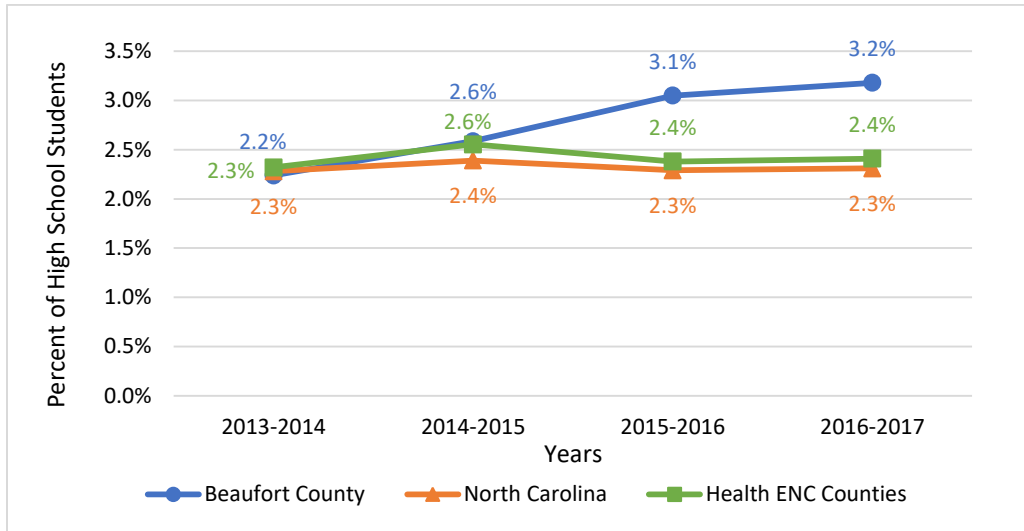


## High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Beaufort County's rate of high school suspension (28.5 suspensions per 100 students) is higher than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 23, the rates for all three areas are fairly consistent across four time periods, although Beaufort County's values over time are higher than those in North Carolina and the Health ENC region.

**Figure 23. High School Suspension Rate (North Carolina Department of Public Instruction)**
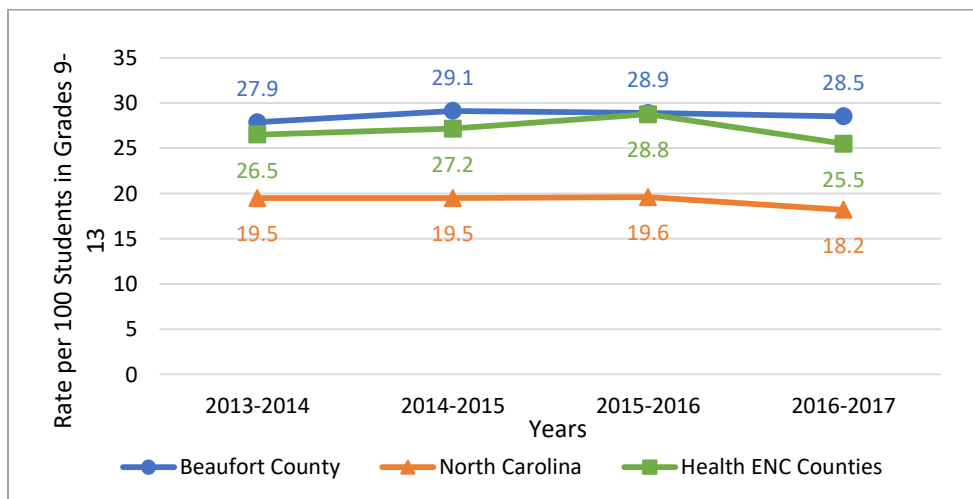


The student-to-teacher ratio for Beaufort County (14.5) is lower than the NC student-to-teacher ratio (15.6). The student-teacher ratio gives an approximation of the amount of individualized attention from teachers that is available to each student. According to the National Center for Education Statistics, larger schools tend to have higher student-teacher ratios; a low student-to-teacher ratio can increase student achievement, enhance a child's

test scores and provide lasting academic benefits. Although it is not the same as class size, the student-teacher ratio is often a reasonable alternative on which to base estimates of class size.

# Environmental Profile

## Carcinogens

Recognized carcinogens* are compounds with strong scientific evidence that they can induce cancer. In industry, there are many potential exposures to carcinogens. Generally, workplace exposures are considered to be at higher levels than public exposures. This data only reflects releases of chemicals, not whether (or to what degree) workers or the public has been exposed to those chemicals. According to the Environmental Protection Agency, Beaufort County had an increased number of pounds of recognized carcinogens released into the air from 21,041 pounds (2016) to 22,279 pounds (2017). No EPA violations have been reported in Beaufort County.

**Table 8. Recognized Carcinogens Released into the Air (U.S. Environmental Protection Agency)**
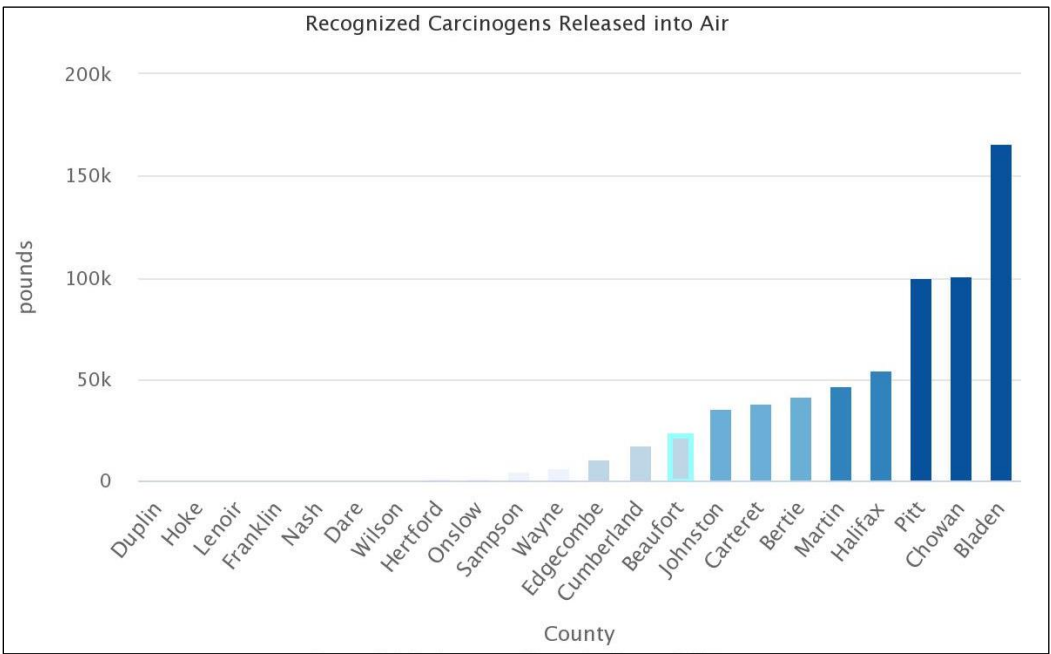


*Carcinogens include but not limited to fertilizer, insecticides, and herbicides

## Lead

Starting July 5, 2012, the CDC lowered its reference value to 5 micrograms per deciliter (µg/dL) regarding lead level normality in children. Therefore, surveillance tables for 2013 and later include a column for children tested with at least one result ≥ 5 µg/dL, in addition to the column for children confirmed at 5 - 9 µg/dL. Levels ≥10 µg/dL is considered a health concern.

**Table 9. Beaufort County Childhood Blood Lead Surveillance Data**

| Year | Ages 1 and 2 Years Tested for Lead Poisoning | | | | | Ages Birth to 6 Years | | | |
| | Target Population | Number Tested | Percent Tested | Number ≥ 5µg/dL (Initial) | Percent Tested ≥ 5µg/dL | Number Tested | Confirmed | | |
| | | | | | | | 5-9 | 10-19 | ≥ 20 |
|---|---|---|---|---|---|---|---|---|---|
| 2013 | 999 | 714 | 71.5 | 11 | 1.5 | 766 | 4 | 1 | |
| 2014 | 996 | 688 | 69.1 | 15 | 2.2 | 730 | 3 | 3 | 1 |
| 2015 | 935 | 649 | 69.4 | 9 | 1.4 | 688 | 4 | 1 | 1 |
| 2016 | 933 | 610 | 65.4 | 11 | 1.8 | 656 | 5 | 2 | |
| 2017 | 917 | 684 | 74.6 | 12 | 1.8 | 744 | 8 | | |

*Prepared by Children's Environmental Health (Source: NC Vital Statistics Data & State Center for Health Statistics
*Confirmed numbers represent all follow up test.

# Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the gap between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.5% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Beaufort County, with an estimated 0.1% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 24). In Beaufort County, 86.8% of workers 16 and older drive alone to work compared to 81.1% in North Carolina and 81.4% in HENC counties (Figure 25).

**Figure 24. Mode of Commuting to Work (American Community Survey, 2012-2016)**
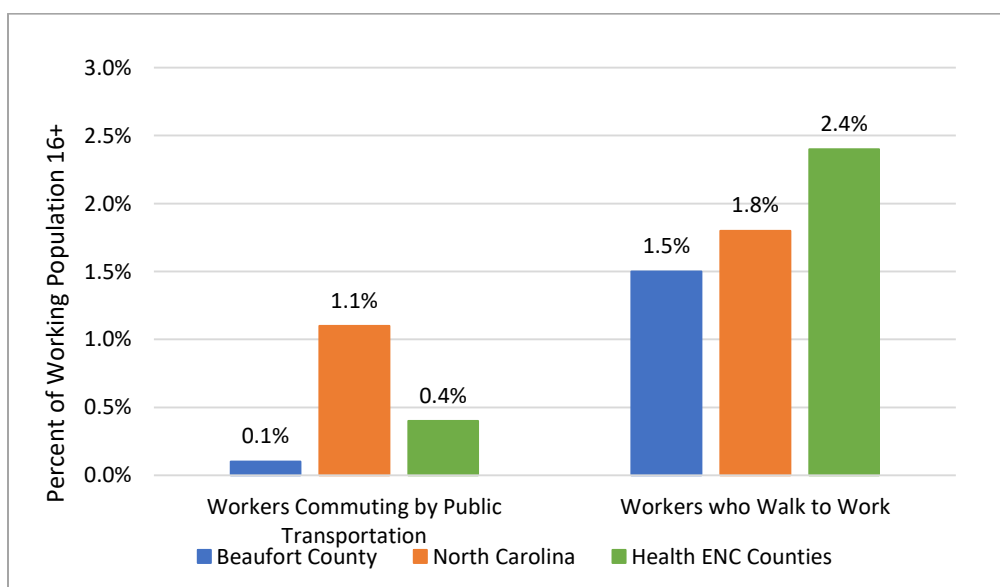
**Figure 25. Workers Who Drive Alone to Work (American Community Survey, 2012-2016)**
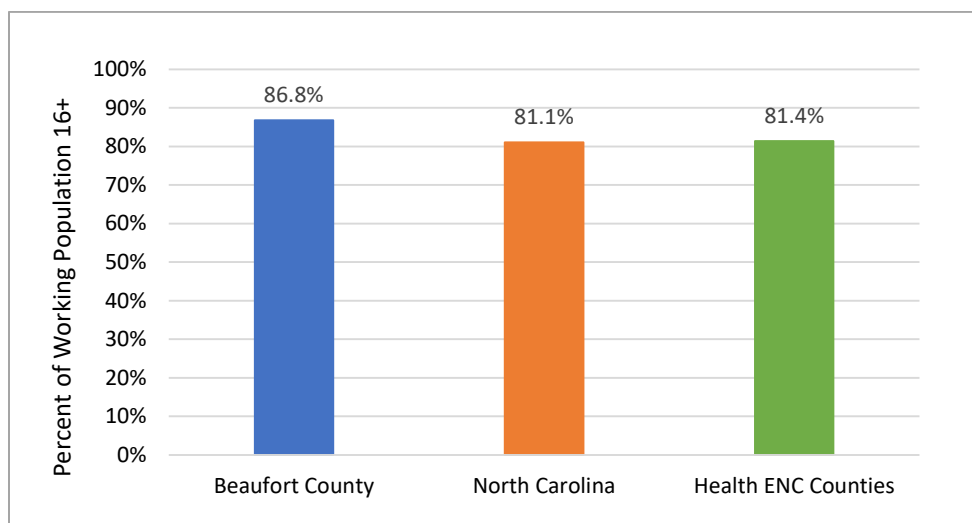


# Crime and Safety

## Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's relative safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

The violent crime for Beaufort County is 291.6 per 100,000 people in the population, compared to 374.9 per 100,000 people in North Carolina (Figure 26) in 2016. The rate has decreased slightly since 2015.

**Figure 26. Violent Crime Rate (North Carolina Department of Justice)**
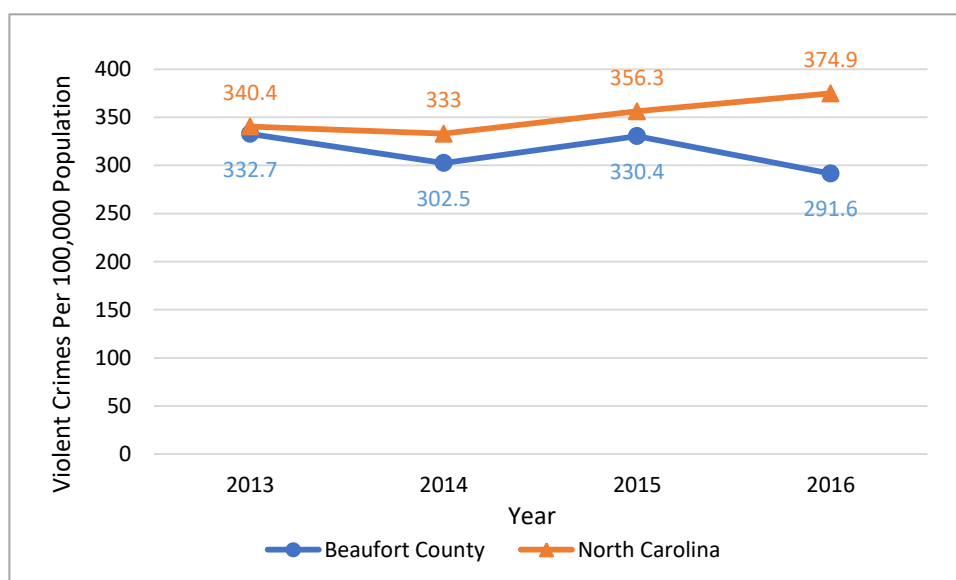


As shown in Figure 27, the property crime rate in Beaufort County (2,252.6 per 100,000 people) is lower than the North Carolina value (2,779.7 per 100,000 people) in 2016. The property crime rate has decreased over the past four years.

**Figure 27. Property Crime Rate (North Carolina Department of Justice)**
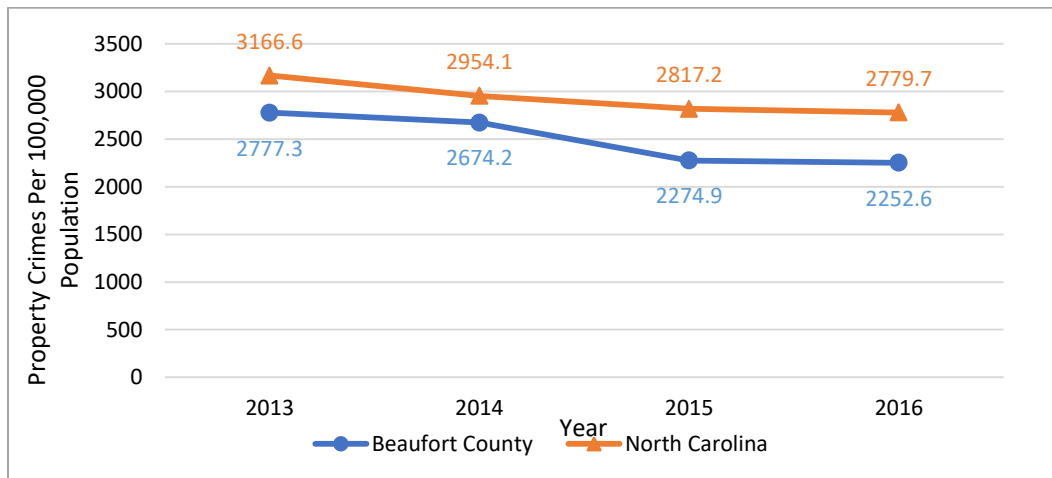


## Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 28 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Beaufort County (0.9) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

**Figure 28. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)**
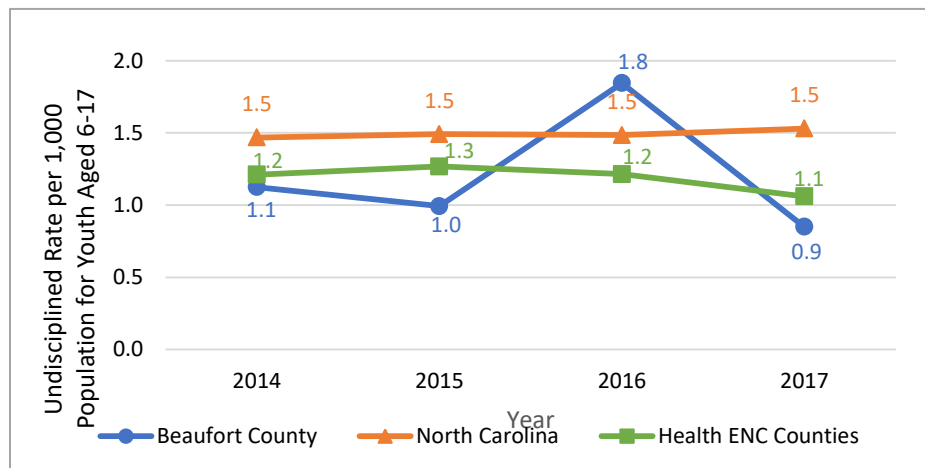


Figure 29 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Beaufort County decreased from 2016 to 2017, the 2017 rate for Beaufort County (26.6) is higher than North Carolina (19.6) and the Health ENC region (22.8).

**Figure 29. Juvenile Delinquent Rate (North Carolina Department of Public Safety)**
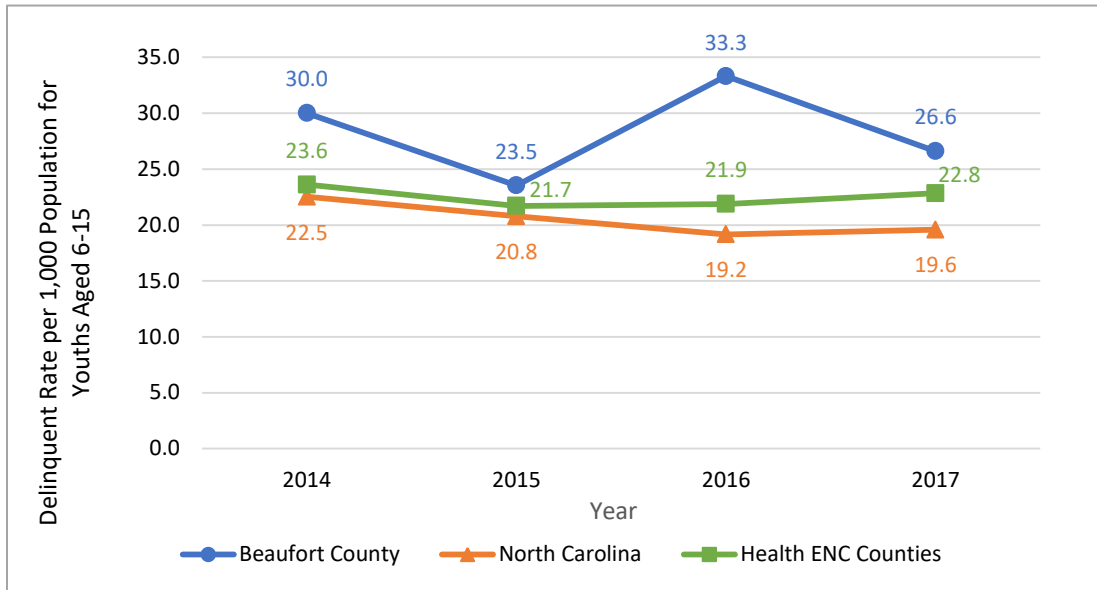


## Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 30 shows the child abuse rate per 1,000 people aged 0-18. The child abuse rate in Beaufort County has increased from 2014 to 2017. The 2017 child abuse rate in Beaufort County (0.41 per 1,000 people) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28).

**Figure 30. Child Abuse Rate (Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)**
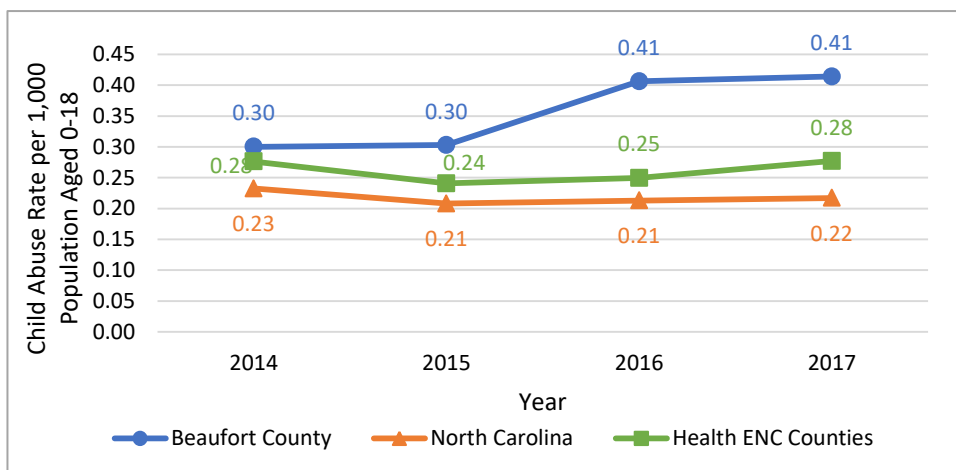


## Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 31 shows the incarceration rate per 100,000 people. The 2017 incarceration rate in Beaufort County (479.4 per 100,000 people) is higher than North Carolina (276.7) and the Health ENC region (232.6).

**Figure 31. Incarceration Rate (North Carolina Department of Public Safety)**
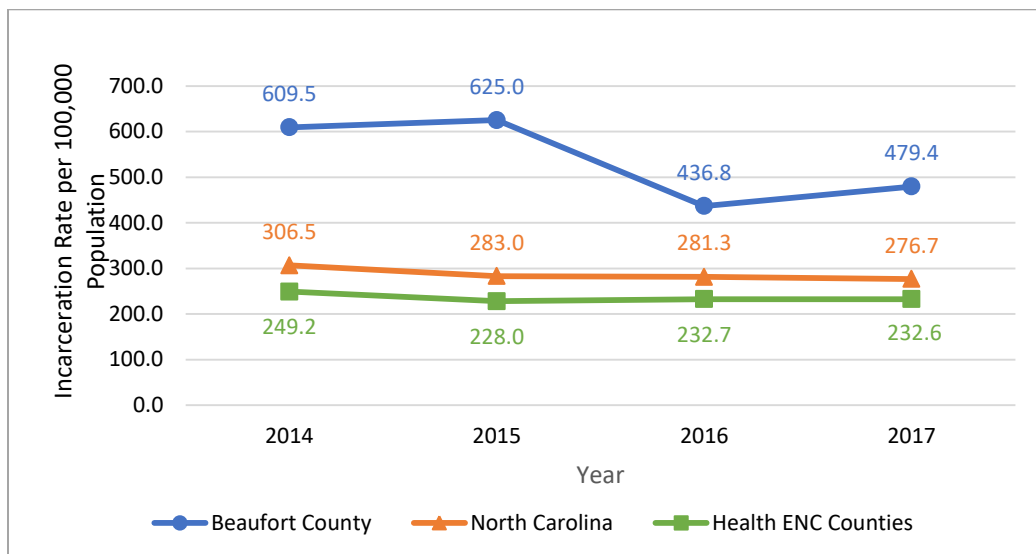


# Access to Healthcare, Insurance and Health Resources Information

## Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 32 shows the percent of people aged 0-64 years old that have health insurance coverage. The rate for Beaufort County, 87.0%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). About 13% of the population in Beaufort County is uninsured.

**Figure 32. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)**
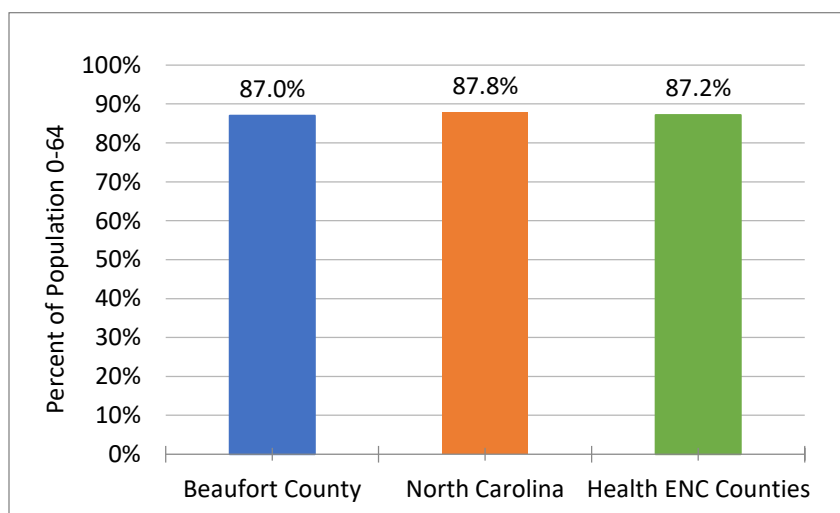
From 2013-2016, Beaufort County has a lower amount of insured individuals (87%) compared to the National average (90%). 10% of the national population is uninsured.

National data can be found at https://www.census.gov/library/publications/2017/demo/p60-260.html.

Figure 33 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Beaufort County has a higher percent of people receiving Medicaid (26.2%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare in Beaufort County (5.4%) is higher than North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Beaufort County (0.5%), as compared to North Carolina (2.1%) and Health ENC counties (6.6%).

**Figure 33. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)**
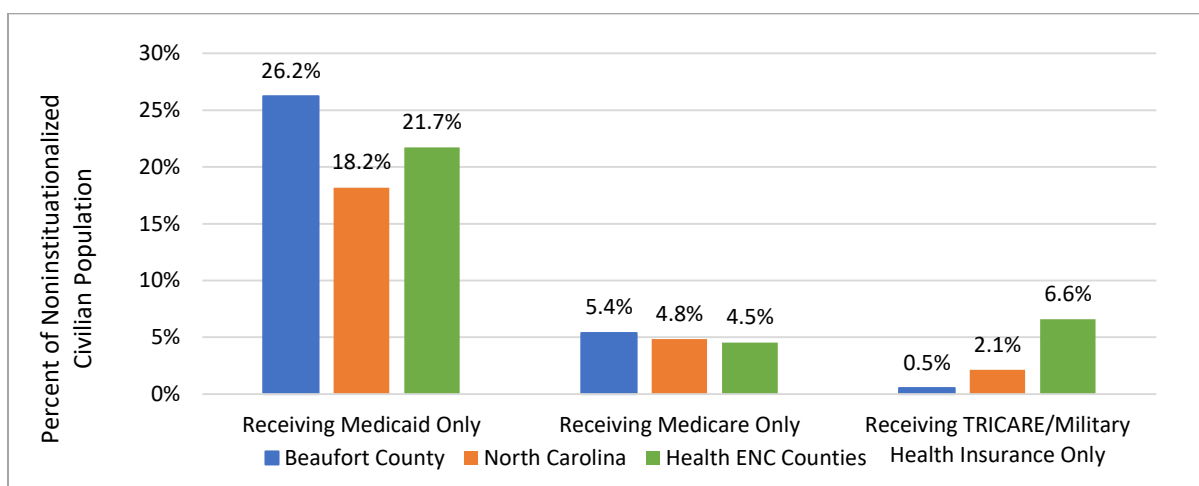


From 2013-2016, the percentage of people covered by Medicaid in Beaufort County is higher (26.2%) than the national average (20%). The percentage of people covered by Medicare in Beaufort County is lower (5.4%) than the national average (15%).

National data can be found at https://www.census.gov/library/publications/2017/demo/p60-260.html.

# Civic Activity

## Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 34 shows the voting age population or percent of the population aged 18 years and older. Beaufort County has a higher percent of residents of voting age (79.2%) than North Carolina (77.3%) and Health ENC counties (76.7%).

**Figure 34. Voting Age Population (American Community Survey, 2012-2016)**
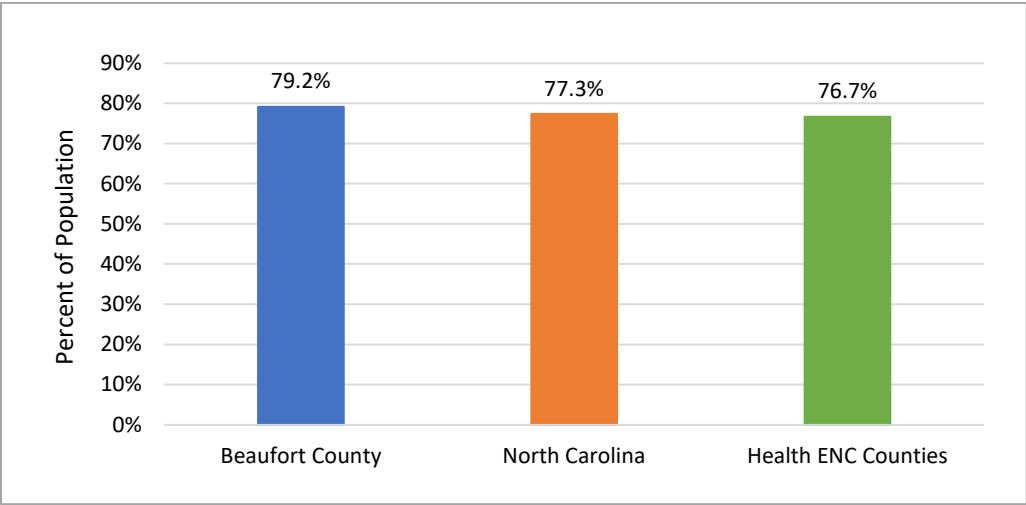


Figure 35 shows the percent of registered voters who voted in the last presidential election. The rate in Beaufort County was 72.1%, which was higher than both the state value (67.7%) and Health ENC region (64.3%).

**Figure 35. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)**
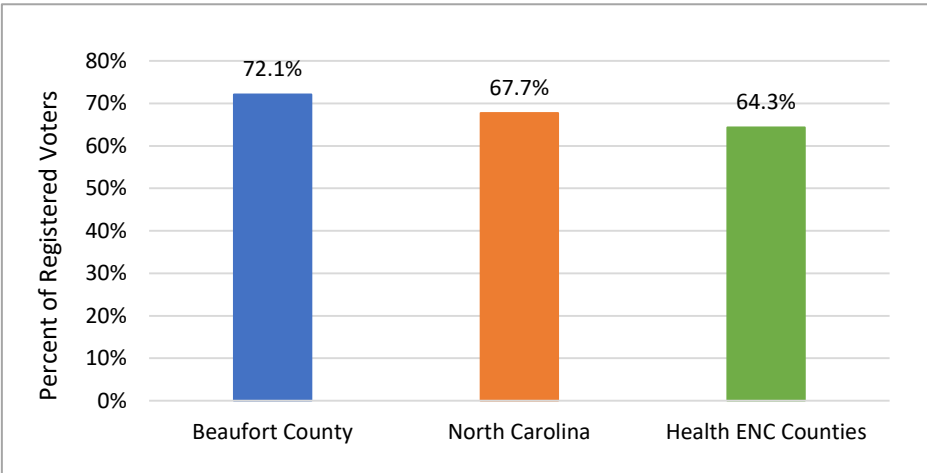
# Findings

## Secondary Data

Per the data analysis identified on page 15 and 16 for secondary data methodology, the top scoring topic areas for Beaufort County are displayed in Table 10. Health topics include: Men's Health, Diabetes, Other Chronic Diseases, Transportation and Cancer.

**Table 10. Secondary Data Scoring Results by Topic Area**

| Health Topic |
| --- |
| Men's Health |
| Diabetes |
| Other Chronic Diseases |
| Transportation |
| Cancer |

*See Appendix A for additional details on the indicators within each topic area

## Community Survey

Figure 36 shows the list of community issues that were ranked by residents as having the most effect on the quality of life in Beaufort County. Low Income/Poverty was the most frequently selected issue and was ranked by 46.4% of survey respondents, followed by Drugs/Substance Abuse. The next highest ranked topic was Lack of or Inadequate Health Insurance (5%).  Survey respondents initially ranked "other" as a top issue most affecting quality of life in Beaufort County. An examination of "other" responses revealed that many of the open-ended responses could be reassigned to the designated response categories. Economic-related issues particularly related to employment were the most common area of concern in the "other" section. Several categories were selected by less than 1% of respondents as quality of life issues in Beaufort County: theft, neglect and abuse, dropping out of school, child abuse, domestic violence, violent crime, elder abuse, and rape / sexual assault.

**Figure 36. Top Quality of Life Issues as Ranked by Survey Respondents**
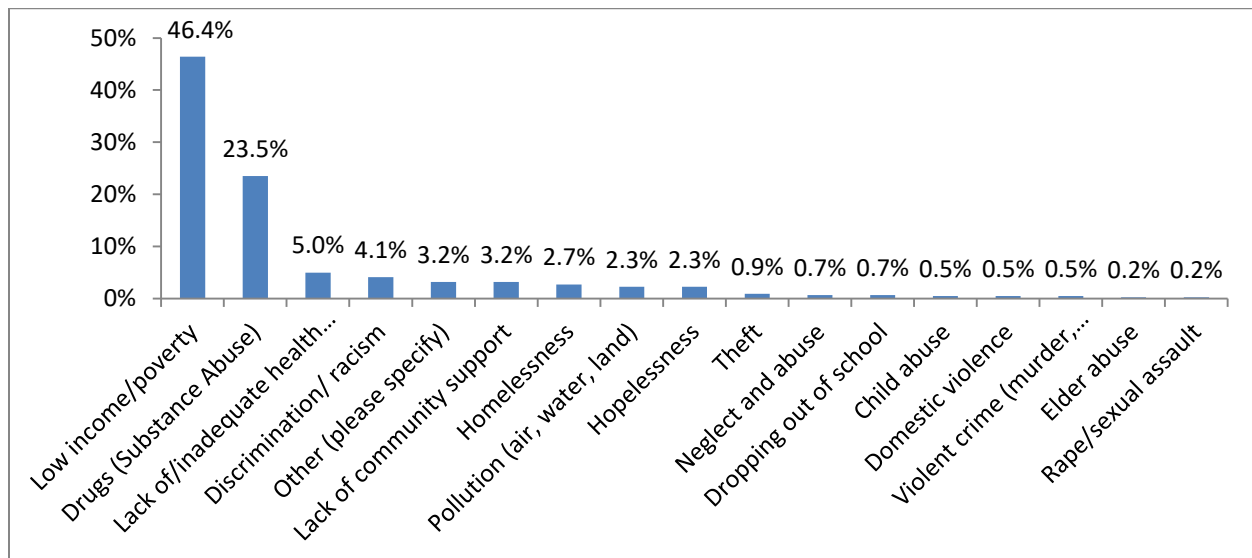
Figure 37 displays the level of agreement among Beaufort County residents in response to nine statements about their community. Almost three-fourths of survey respondents agreed or strongly agreed that Beaufort County is a safe place to live, a good place to raise children and a good place to grow old.

60% of survey respondents disagreed (43%) or strongly disagreed (17%) that the county has plenty of economic opportunity. Further, 28% of survey respondents either disagreed or strongly disagreed that it is easy to buy healthy foods in the Beaufort County.

**Figure 37. Level of Agreement Among Beaufort County Residents in Response to Nine Statements about their Community**
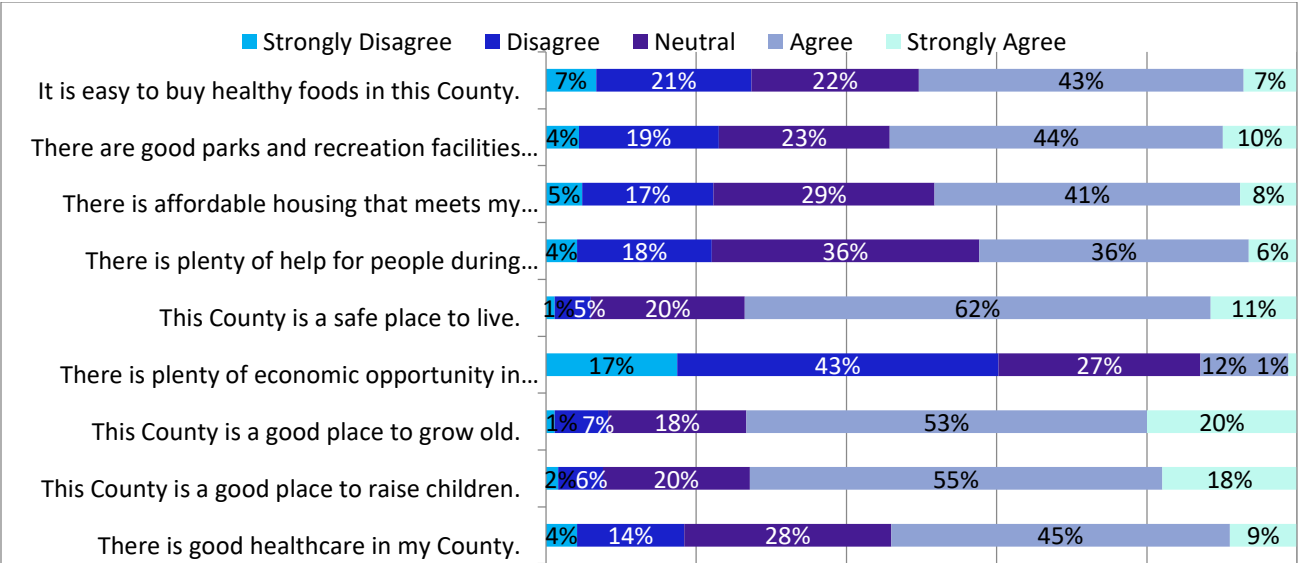


Figure 38 shows the list of services that were ranked by residents as needing the most improvement in Beaufort County. Higher paying employment and availability of employment were the most frequently selected issues, being ranked by 23.5% and 18.9% of survey respondents respectively. The next highest ranked services needing improvement by residents were positive teen activities (8.6%) and counseling/mental health/support groups (7.5%).

**Figure 38. Services Needing the Most Improvement as Ranked by Survey Respondents**
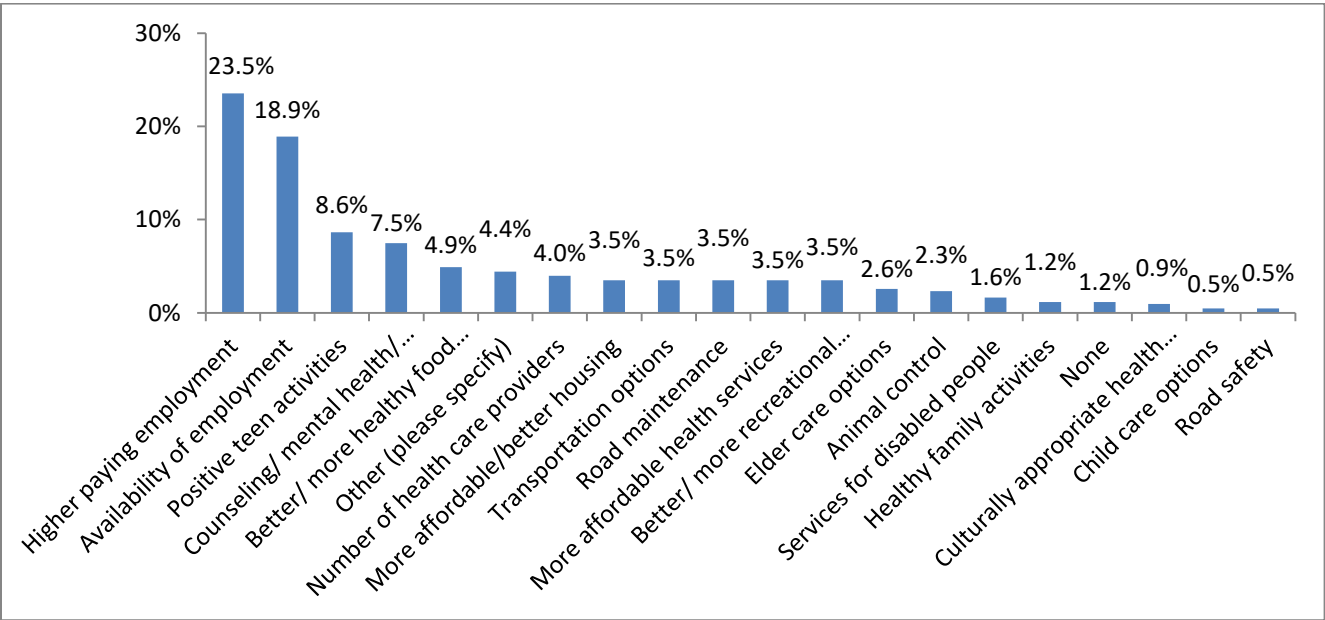
Figure 39 shows a list of health behaviors that were ranked by residents as topics that Beaufort County residents need more information about. More than a quarter of community members felt there was a need for more information related to Substance Abuse (27.5%). Other topics that are also of interest for survey respondents are eating well/nutrition (12.7%), managing weight (10.1%), and going to the doctor for yearly check-ups (6.6%).

**Figure 39. Health Behaviors that Residents Need More Information About as Ranked by Survey Respondent**
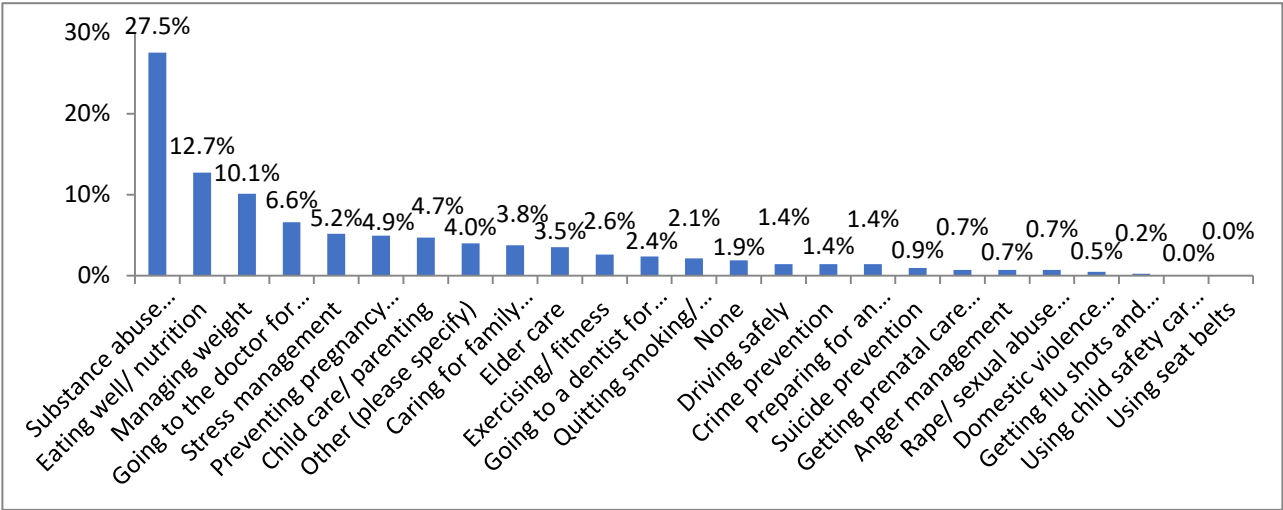


## Focus Group Discussions

Table 11 shows the focus group results for Beaufort County by topic. Focus group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Exercise, Nutrition, & Weight was the most frequently discussed need among focus group participants, followed by Substance Abuse, Economy, Environment, Prevention & Safety and Transportation.

**Table 11. Focus Group Results by Topic Area**

| Topic Area | |
|---|---|
| 1. Exercise, Nutrition & Weight | 2. Substance Abuse |
| 3. Economy | 4. Environment |
| 5. Prevention & Safety | 6. Transportation |

## Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Beaufort County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 12.

**Table 12. Criteria for Identifying the Top Needs from each Data Source**

| Data Source | Criteria for Top Need |
| --- | --- |
| Secondary Data | 5 topics identified through indicators (see Appendix A) identifying top concerns. |
| Community Survey | Top 3 community issues ranked by survey respondents most affecting the quality of life |
| Focus Group Discussions | Top 3 topics discussed most frequently by participants and topics identified in the secondary data and community survey responses as well. |

Figure 40 displays the top needs from each data source in the Venn diagram.

**Figure 40. Data Synthesis**



Secondary Data
- Diabetes
- Other Chronic Diseases
- Cancer

- Transportation
- Prevention & Safety

- Access to Care (Including Mental Health & Insurance)
- Economy
- Substance Abuse
- Exercise, Nutrition, & Weight

Community Survey
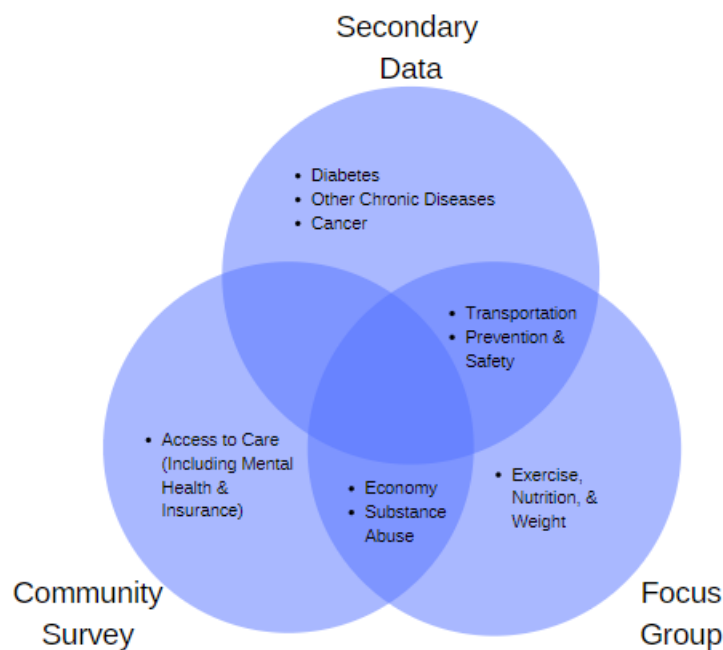
Focus Group

Economy and substance abuse were identified in both the community survey responses and focus groups as a concern. Exercise, Nutrition & Weight was the most heavily discussed area of concern in focus group discussion. Substance Abuse, Economy, Access to Care, Prevention & Safety, and Transportation were other topics a part of focus group discussions or community survey.

As seen in Figure 40, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

# Topic Areas Examined in This Report

Ten topic areas were identified as high concern amongst the three data sources. These topics are listed below in Table 13.

**Table 13. Topic Areas Examined In-Depth in this Report (alphabetical order)**

Access to Health Care
Cancer
Diabetes
Economy
Education
Exercise, Nutrition & Weight
Other Chronic Diseases
Prevention & Safety
Substance Abuse
Transportation

Each of the ten topic areas are explored in-depth in the next section and include corresponding data from community participants when available. This includes information obtained from the community survey and focus group discussions.

Access to Care (including mental health), Education, Substance Abuse, and Exercise, Nutrition and Weight were the four priority issues identified during the prioritization process. Three of the four were a part of the topic areas observed above in Table 13. Education was the only one not included; however, a section below has been added to explore the topic more in-depth.

## Navigation within Each Topic

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how Beaufort County is faring against a distribution of counties in North Carolina or the U.S. (Figure 41).

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 42). The comparison score is determined by how Beaufort County falls within these groups.

**Figure 41. Compare to Distribution Indicator**

**Figure 42. Distribution of County Values**
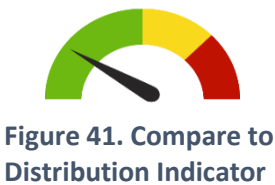
Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Beaufort County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad, and blue indicating neutral. Table 14 describes the gauges and icons used to evaluate the secondary data.

**Table 14. Description of Gauges and Icons used in Secondary Data Scoring**

| Gauge or Icon | Description |
|---|---|
|  | Green represents that the county is in the top half or "best" percentile (0 to 50 percentile). |
|  | Yellow represents that the county is in the 51 to 75 percentile. |
|  | Red represents that the county is in the bottom or "worst" percentile (76 to 100 percentile). |
|  | There has been a non-significant increase/decrease over time. |
|  | There has been a significant increase/decrease over time. |
|  | There has been neither a statistically significant increase nor decrease over time. |

# Top Community Concerns:

# Access to Healthcare

## Key Issues

- Primary care provider rate in Beaufort County is an issue
- Lack of insurance is an obsticle to access to healthcare

## Secondary Data

The secondary data results reveal Access to Health Care as a top concern in Beaufort County. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified below, shown in Table 15.

**Table 15. Data Scoring Results for Access to Healthcare**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Persons with Health Insurance (2016) | 87.0% | 87.8% | --- |  |  |  |
| Primary Care Provider Rate (2015) (Providers per/100,000 population) | 48 | 71 | 75 |  |  |  |
| Mental Health Provider Rate (2017) (Providers per/100,000 population) | 107 | 216 | 214 |  |  |  |
| Non-Physician Primary Care Provider Rate(2017) (Providers per/100,000 population) | 65 | 103 | 81 |  |  |  |
| Households Without a Vehicle | 7.4% | 6.3% | 9.0% |  |  |  |

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Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. The number of physicians is not keeping up with the population need, leading to an increasing shortage of primary care physicians. However, the number of non-physician clinicians has been increasing and is projected to continue to rise, partially making up for the shortfall of physicians.

People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.

People living in a household without a car may have limited access to essential local services such as supermarkets, post offices, doctors' offices, and hospitals. Most households with above-average incomes have a car while only half of low-income households do.

## Primary Data

5.0% of community survey participants reported there is a lack of or inadequate health insurance in Beaufort County. 7.6% of survey participants indicated counseling and mental health services are in need of the most improvement. 4.0% also indicated more health care providers were needed in the community. While 64.3% of survey participants receive their health insurance through their employer, 7.7% indicated they have no health insurance.

When asked, "Which of these problems prevented you or your family member from getting the necessary health care?", 35% of survey respondents said it was because they didn't have health insurance, 28.3% stated it was because they couldn't get an appointment. In addition, 23.3% said the wait was too long. This is reflective of the provider to patient care rate in Beaufort County.

*"…it is difficult for the elderly, infirm, or poor to access them. There are few, if any, mental health or preventative services for at risk, low or median income individuals to access. Few child health services, no autism services or educational opportunities exist and access depends on low income or driving to another county. "*

*- Community Survey Participant*

## Highly Impacted Populations

35.9% of African Americans live below the poverty level compared to 10.8% of the White, non-Hispanic population. 13% of Beaufort County has no health insurance. In addition, 8.0% of the population does not have a vehicle in their household.  Low income, lack of health insurance, and no means of transportation are all barriers to access to healthcare. Lack of access to healthcare is indicative to one's life expectancy. African Americans have an Age-Adjusted Death Rate (per 100,000) of 1,030.4, which is greater than the rate (852.8) for White, non-Hispanics. (Source: Division of Public Health State Center for Health Statistics)

# Cancer

## Key Issues

- Age-adjusted death rate due to cancer is the highest scoring indicator
- The age-adjusted death rate due to breast cancer and pancreatic cancer,  as well as the ovarian cancer incidence rate are increasing over time
- The all cancer incidence rate highly impacts the male population

## Secondary Data

The secondary data analysis identified Cancer as a top quality of life issue. Below are indicators listed of greatest impact.

**Table 16. Data Scoring Results for Cancer**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Age-Adjusted Death Rate due to Cancer (2011-2015) | 193.6 | 169.3 | 163.5 | | | |
| Age-Adjusted Death Rate due to Breast Cancer (2011-2015) | 18.9 | 21.3 | 20.9 | | | |
| Ovarian Cancer Incidence Rate (2011-2015) | 13.2 | 10.8 | 11.3 | | | |
| Age-Adjusted Death Rate due to Pancreatic Cancer (2011-2015) | 11.9 | 10.9 | 10.9 | | | |
| Age-Adjusted Death Rate due to Prostate Cancer (2011-2015) | 25.5 | 20.7 | 19.5 | | | |
| Lung and Bronchus Cancer Incidence Rate (2011-2015) | 74.4 | 69.2 | 60.2 | | | |
| Liver and Bile Duct Cancer Incidence Rate (2011-2015) | 9.6 | 8.1 | 8.1 | | | |
| All Cancer Incidence Rate (2011-2015) | 461 | 457.6 | 441.6 | | | |

*Rates are per 100,000 people
*See Appendix B for full list of indicators included in each topic area

The most striking indicator within the cancer topic is age-adjusted death rate due to cancer. In 2011-2015, the rate for Beaufort County is 193.6 deaths per 100,000 which is higher than the state and national rates, and is in the poorest performing quartile compared to all state and national counties. Beaufort County does not meet the Healthy People 2020 goal of less than 161.4 deaths per 100,000.

Age-adjusted death rate due to breast cancer, the ovarian cancer incidence rate, and the age adjusted death rate due to pancreatic cancer are all increasing over time with a statistically significant trend. Beaufort County also is performing poorly when compared to North Carolina and the U.S. for each of these indicators. The county does

not meet the Healthy People 2020 goal of 20.7 deaths per 100,000 females for age-adjusted death rate due to breast cancer.

Though still high scoring, there is a statistically significant decreasing trend in age-adjusted death rate due to prostate cancer (25.5 deaths/100,000 males). There is also a decreasing trend for the all cancer incidence rate in 2011-2015 (461 cases/100,000 population), which is statistically significant at this time. The all cancer incidence rate is higher in Beaufort County than in North Carolina (457.6 cases/100,000) population and the U.S. (441.6 cases/100,000 population).

## Primary Data

Community survey participants were asked whether they had been told by a health care provider if they had any diagnosed health conditions and 9.6% of respondents reported that they had been told they had cancer. Participants were also asked if they have had any preventative screenings within the last 12 months and 5.2% reported having a prostate cancer screening, 16.7% reported having a skin cancer screening, 19.1% reported having a colon/rectal exam, 40.2% reported having a pap smear and 42.8% reported having a mammogram.

Only one focus group participant mentioned cancer during the focus group discussions, sharing that they had lung cancer but did not share any details. No other focus group participants identified cancer as a health issue during the sessions.

## Highly Impacted Populations

**Figure 43. Data Scoring Rates for All Cancer Incidence Rate by Race/Ethnicity**



All Cancer Incidence Rate by Race/Ethnicity
County: Beaufort
healthenc.org

| | |
|---|---|
| Black | 488.1 |
| Hispanic | 371.3 |
| White | 450.2 |
| Overall | 461.0 |
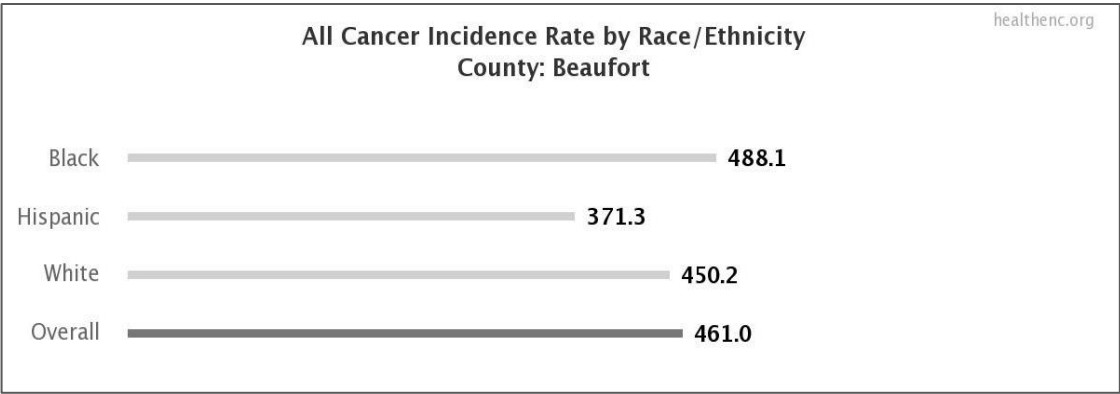
In Beaufort County, African Americans have a higher incidence rate of cancer when compared to their White and Hispanic counterparts.  The African American incidence rate (488.1) is higher than the overall incidence rate of the county (461.0). These numbers are reflected in Figure 43 above.

Specific populations related to the secondary data indicators are more affected than other groups in the community: the all cancer incidence rate and bladder cancer rate impacts the male population more than other groups. The prostate cancer incidence rate disparately impacts the Black or African American population at a much higher rate.

# Diabetes

## Key Issues

- Diabetes is a major issue in Beaufort County for Adults 20 years of age and older
- Obesity is a major risk factor for developing Type II Diabetes
- Diabetes is a high need within the Medicare population

## Secondary Data

The secondary data results reveal Diabetes as a top need in Beaufort County. The trend among Beaufort County for those 20+ years and older is on the rise for both obesity and diabetes. Additional analysis is performed to find specific indicators that contribute to this area of concern and these indicators are identified below, shown in Table 17.

**Table 17. Data Scoring Results for Diabetes**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Adults 20+ with Diabetes (2014) | 14.6% | 11.1% | 10% | | | ↗ |
| Age-Adjusted Death Rate due to Diabetes (2012-2016)(deaths/100,000 population) | 30.5 | 23 | 21.1 | | -- | = |
| Diabetes: Medicare Population (2015)(percent) | 29.3% | 28.4% | 26.5% | | | = |
| Adults 20+ who are Obese (2014)(percent) | 34.7% | 29.6% | 28% | | | ↗ |

*See Appendix B for full list of indicators included in each topic area*

Diabetes is a clear area of concern for Beaufort County. The indicator, adults 20+ with Diabetes, shows that in 2014, 14.6% of the population had diabetes. This is higher than the rate in both North Carolina (11.1% of the population) and the United States (10% of the population) and the trend depicts an upward rise. Additionally, the age-adjusted death rate due to diabetes for Beaufort County from 2012-2016 is 30.5 deaths per 100,000 population, which is higher than the rate for North Carolina (23.0 deaths/100,000) and the U.S. overall (21.1 deaths/100,000). Obesity is a contributing risk factor for developing diabetes. In 2014, 34.7% of Beaufort County, 20+ and older was obese. This is greater than the North Carolina (29.6%) and U.S. (28%) rate.

> "Diabetes is another serious health problem in our community."
>
> *-Focus Group Participant*

## Primary Data

Survey participants were asked, "Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions"; 11.98% said Diabetes. In addition, survey participants responded that they wanted to learn more about eating well/nutrition (12.89%) and managing weight (10.02%). Eating well/nutrition and managing weight were the second and third highest ranked health behaviors that community survey respondents felt they needed more information about in Beaufort County. In each focus group, diabetes was mentioned by at least one participant as a serious health concern in the community.

The most pressing area related to diabetes mentioned by focus group participants was the lack of access to healthy foods and obesity. Participants discussed the accessibility of unhealthy and less expensive foods making it difficult for people to make healthier choices. Financial barriers were mentioned by focus group participants in relation to exercise and healthy eating. Supporting the focus group findings, low income/poverty was the top concern for community survey respondents, predominantly listing it as the one issue most affecting their quality of life (46.4%).

---

*"Poverty and socioeconomic status plays a large role in keeping a community from being healthy. There are many barriers associated with poverty, such as affording healthy food, having the transportation to get where they need to go, as well as lack of education regarding food choices or even more in depth stuff such as health, calories, etc."*

*- Focus Group Participant*

---

## Highly Impacted Populations

The Medicare population is an area of concern in Beaufort County with 29.3% of this population having Diabetes in 2015. This percentage is slightly higher than the value for North Carolina overall (28.4%) and also higher than the U.S. overall value (26.5%).

# Economy

## Key Issues

- Poor economic status negatively impacts health
- Unemployment rate is a key indicator of the local economy
- High poverty rate is both a cause and a consequence of poor economic conditions

## Secondary Data

From the secondary data scoring, the economy was ranked as one of the top concerns in terms of health and quality of life need in Beaufort County. Though the trend is improving, the county is behind on many of the indicators.

**Table 18. Data Scoring Results for Economy**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Food Insecurity Rate (2016) | 16.2% | 15.4% | 12.9% | | | |
| Unemployed Workers in Civilian Labor Force (2018) | 4.4% | 3.5% | 3.5% | | | |
| Severe Housing Problems (2010-2014) | 15.7% | 16.6% | 18.8% | | | |
| Children Living Below Poverty Level (2013-2017) | 24.2% | 22.9% | 20.3% | | | |

## Primary Data

Community survey participants were asked to rank the most negatively affecting issues that impact their community's quality of life. According to the data, both poverty and the economy were selected as the top issues in Beaufort County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first (23.5%), availability of employment ranked second (18.9%) and more affordable/better housing ranked eighth (3.5%). When asked to expand on services that could be improved, participants mentioned more jobs above the minimum wage and the need for more economic activity in the community.

Focus group discussions echoed the need identified in the community survey for higher paying employment and more economic activity in the community. Participants discussed the connection between education achievement and employment, as well as the benefits of increased economic activity that would improve health while also creating employment opportunities.

> *There is lack of education, as well as a lack of job availability, which leads to low income or lack of income which keeps the community from being healthy. There is a lack of education on multiple levels that directly impacts the health of the community. If one can't read he or she is likely unable to understand the full capacity of their health status.*
>
> *-Focus Group Participant*

## Highly Impacted Populations

According to the U.S. Census Bureau, the 2012-2016 estimates concerning poverty status report that 26.9% of females in the county fall below the poverty level. In NC the percentage is 23.9%. The poverty rate for African-Americans is at 40.9% in Beaufort County and 33.5% in NC. Beaufort County African-Americans are 2.4 times more likely to be living in poverty as compared to the White population. Approximately 49.1% of the Beaufort County Hispanic population is living in poverty (disparity ratio of 3.1).

# Education

## Key Issues
- Education impacts work force availability
- Education reflects potential for good health

## Secondary Data
From the priorization process, education was deemed to be one of the top four priority/focus areas.

**Table 19. Data Indicator Results for Education**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| High School Graduation (2016-2017) | 80.6% | 86.5% | 84.1% | | -- | = |
| People 25+ with a High School Degree (2012-2016) | 84.6% | 86.3% | 87.0% | | | ↗ |
| People 25+ with a Bachelor's Degree or Higher (2012-2016) | 18.6% | 29.0% | 30.3% | | | = |

Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system. According to the Office of Disease Prevention and Health Promotion, high school graduation leads to lower rates of health problems as well as a reduced risk for incarceration.

## Primary Data

4% of community survey participants indicated they did not graduate from high school or obtain their GED. 16.5% of community survey participants indicated they had some college experience but did not obtain a degree. Focus groups reported there was a lack of community education and stressed the importance of education.

## Highly Impacted Populations

**Figure 44: People 25+ with a High School Degree or Higher by Race/Ethnicity (Beaufort County)**



Source: American Community Survey (2012–2016)                healthenc.org
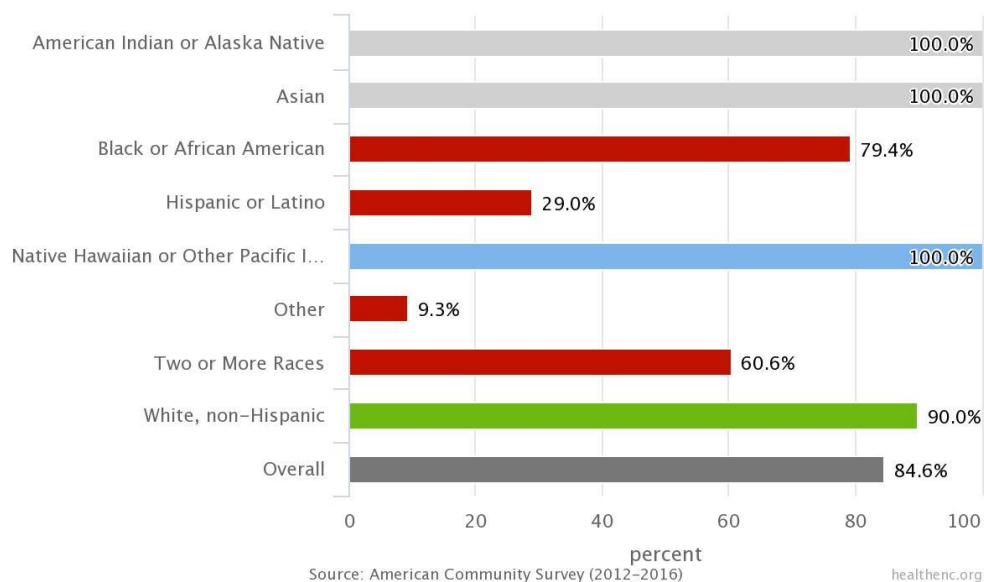
The African American population (79.4%) has a significantly lower obtainment of a high school degree or higher, verses White, non-Hispanic (90.0%). Males were also less likely to graduate with a graduation rate of 75.8%, whereas females had a greater graduation rate of 85.6%.

# Exercise, Nutrition & Weight

## Key Issues
- One third of Beaufort County is obese
- Obesity contributes to many chronic disease conditions

## Secondary Data

From the secondary data scoring results, Exercise, Nutrition & Weight is a great concern in Beaufort County. See Table 20.

**Table 20. Data Scoring Results for Exercise, Nutrition, and Weight**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Adults 20+ who are Obese (2014) | 34.7% | 29.6% | 28.0% | | | |
| Adults 20+ who are Sedentary (2014) | 26.7% | 24.3% | 23.0% | | | |
| Food Insecurity Rate (2016) | 16.2% | 15.4% | 12.9% | | | |
| Access to Exercise Opportunities (2018) | 60.5% | 76.1% | 83.1% | | | |

Sedentary lifestyles and proximity to exercise opportunities have a significant impact on the obesity rate for Beaufort County. 60.5% of community respondents reported living within a reasonable distance to a park or recreation facility. This is lower than the percentage of both North Carolina (76.1%) and U.S. population living within a reasonable distance to a park or recreational facility.

Parks and recreation facilities have been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Furthermore, exercise reduces the risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers.

## Primary Data

Among community survey respondents, 41.8% rated their health is good and 33.8% rated their health as very good. However, 48.3% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by reports of high blood pressure (41.5%), high cholesterol (34.4%) and diabetes (12%). Interestingly, reported physical activity is high for Beaufort County. Data from the community survey participants show that 60.9% of community members engage in physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported not having enough time (38.1%), being too tired to exercise (34.4%), and not liking exercise (23.8%). For those individuals that exercise, 65.3% reported exercising or engaging in physical activity at home, while 22% do so at a private gym, followed by other (20.1%) or parks (16.2%). Other responses varied greatly, though many responded that they walk outside in various locations.

> "Add a facility open to the community, with a gym would be helpful."
>
> -Focus Group Participant

Exercise, Nutrition & Weight was discussed in all three focus groups. Participants shared overwhelming that they felt there is a need for more recreation facilities and exercise classes available in the community. One participant shared concerns with accessing healthy food stores and healthy food options. Suggestions included adding more farmers markets and community gardens to provide additional resources for senior citizens and families. They shared that the community overall is too sedentary and unhealthy food is easier to attain than healthy alternatives. To emphasize this point, when community members were asked about specific services needing improvement in the community, the 5th highest ranking services was better/more healthy food choices.

## Highly Impacted Populations

A lack of access to healthy foods is a significant barrier to healthy eating habits. Low-income and underserved areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets. The food security rate for Beaufort County is 16.2%, which is lower than 17.1% from previous years. However, this rate is still higher than the North Carolina rate (15.4%) and the U.S. (12.9%). An area such as Aurora, which has been identified as a food desert due to not having a grocery store, is a population that is highly impacted.

# Other Chronic Diseases

## Key Issues

- Hypertension within the Medicare population is an area of concern
- Data scoring result demonstrates an increase over time for obesity in adults 20 years and older
- Community members may benefit from increased education regarding health eating as well as increased access to healthy food

## Secondary Data

From the secondary data scoring results, other chronic diseases were identified to be a top need in Beaufort County. Specific indicators of concern are highlighted in Table 21.

**Table 21. Data Scoring Results for Other Chronic Diseases**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Age-Adjusted Death Rate due to Cerebrovascular disease (stroke) (2012-2016) * | 44.7 | 43.1 | 36.9 | | -- | |
| Age-Adjusted Death rate due to Heart Disease (2012-2016)* | 184.8 | 161.3 | 167 | | -- | |
| Adults 20+ who are Obese (percent) | 34.7% | 29.6% | 28.0% | | | |
| Hypertension: Medicare Population | 60.6% | 58.0% | 55.0% | | | |
| Chronic Kidney Disease: Medicare Population | 19.8% | 19.0% | 18.1% | | | |

*rate per 100,000*

Other chronic disease indicator data is specifically available for the Medicare population (Table 30). One concerning indicator is the percentage of hypertension within the Medicare population (60.6%) is higher than that of North Carolina (58%) and of the nation (55%). The increasing trend for this indicator is statistically significant over time.

Age-adjusted death rate due to cerebrovascular disease (stroke) (per 100,000) is higher in Beaufort County (44.7) than both North Carolina (43.1) and the U.S. (36.9). Beaufort County's age-adjusted death rate due to heart disease (per 100,000) (184.8) is also higher than the North Carolina (161.3) and U.S. (167).

A contributing factor to these statistics is obesity, which is a major risk factor for both heart disease and stroke. In Beaufort County, the percentage of adults 20+ who are obese is significantly higher (34.7%) than North Carolina (29.6%) and U.S. (28%).

## Primary Data

5.4% of the overall Beaufort County community receives their health insurance through Medicare. Therefore the Medicare population is over represented in the community survey, as 16.8% of the community survey respondents reported receiving their health insurance through Medicare.

Community participants viewed the following services as needing the most improvement: Elder Care options (2.6%) or services for disabled people (1.6%). There were a few survey participants that selected caring for family members with special needs/disabilities (3.8%) and elder care (3.5%) as health behaviors that the community needs more information about.

Focus groups mentioned high blood pressure, obesity, and heart disease as issues and contributing factors to poor health in Beaufort County.  Focus group participants also discussed the elderly as a population having difficulties accessing health services. One participant described having issues with medical providers accepting Medicare in their own experience.

*"Heart Disease and obesity are additional health problems that are a problem and directly connected to the poor choices community members make with their food as well as activity."*

*- Focus Group Participant*

## Highly Impacted Populations

The Medicare population is a highly impacted by chronic diseases. There is a disparity among chronic diseases and death rate between African Americans and White, non-Hispanics. African Americans have a greater death rate (1,030.4 per 100,000) than White, Non-Hispanics (852.8 per 100,000). African Americans have a greater death rate in cerebrovascular disease, diabetes, cancer, and diseases of the heart compared to White, Non-Hispanics (Table 22).

**Figure 45. Causes of Death Rates in Beaufort County (2013-2017) (State Center for Health Statistics)**



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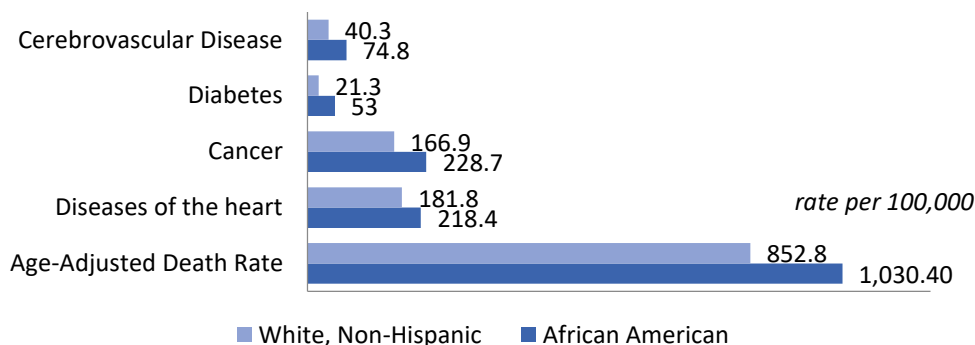
# Prevention & Safety

## Key Issues

- Death rates due to unintentional injuries and firearms are top areas of concern in the prevention & safety category
- There is a significant increase in the age-adjusted death rate due to unintentional injuries over time
- Community participants mentioned the issue of drugs, but did not directly identify Prevention & Safety issues as top priorities in their communities

## Secondary Data

From the secondary data scoring results, prevention & safety was identified to be a top need in Beaufort County. Specific indicators of concern are highlighted in Table 22.

**Table 22. Data Scoring Results for Prevention & Safety**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Age-Adjusted Death Rate due to Unintentional Injuries (2012-2016) | 46.1 | 31.9 | 41.4 | | | ↗ |
| Age-Adjusted Death Rate due to Firearms (2014-2016) | 17.4 | 12.7 | 11 | | | = |
| Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) | 21.3 | 14.1 | -- | | -- | = |
| Death Rate due to Drug Poisoning (2014-2016) | 18.2 | 16.2 | 16.9 | | | ↗ |

*rate is deaths per 100,000*
*See Appendix A for full list of indicators included in each topic area*

Death rates due to unintentional injuries and firearms are a clear area of concern for Beaufort County. The age-adjusted death rate due to unintentional injuries for Beaufort County is 46.1 deaths per 100,000 occurring in 2012-2016. This is higher than the rate in both NC (31.9 deaths/100,000 population) and the U.S. (41.4 deaths/100,000) and there is a statistically significant trend upward over time. The age-adjusted death rate due to firearms for Beaufort County is 17.4 deaths per 100,000 occurring in 2012-2016. This is higher than the rate in both NC (12.7 deaths/100,000 population) and the U.S. (11 deaths/100,000) and there is no indication of an increase or decrease over time.

Although not as high, the age-adjusted death rate due to motor vehicle collisions for Beaufort County in 2012-2016 is 21.3 deaths per 100,000 population, which is higher than the rate for North Carolina (14.1 deaths/100,000). There is no indication of an increase or decrease in trend over time. The death rate due to drug poisoning in 2014-2016 is 18.2 deaths per 100,000 population which is slightly higher than in the state and U.S.; though, there is a slight indication of an increasing trend that is not statistically significant at this time.

## Primary Data

According to survey results, prevention & safety did not rank high as one of the quality of life topics individuals in Beaufort County felt affected their lives. Less than 2% selected safety related topics overall as top issues (violent crime, theft, or rape/sexual assault). The demographics of survey participants were skewed towards those who are employed with moderate to high household incomes. This may suggest that survey participants are not adversely affected in the same way others in the community are by higher rates of crime. 73% of survey participants shared that they agreed or strongly agreed that Beaufort County is a safe place to live, while only 6% disagreed or strongly disagreed. Similarly, focus group discussion did not reveal any needs or concerns related to safety more generally, though this may have been related to the nature of the conversations.

## Highly Impacted Populations

Data analysis did not identify, or there was not data available, to indicate any groups highly impacted within the prevention & safety topic area. No specific groups were identified in the primary data sources.

# Substance Abuse

## Secondary Data

From the secondary data scoring results, the substance abuse topic was determined to be a need in Beaufort County.

**Table 23. Data Scoring Results for Substance Abuse**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Adults Who Drink Excessively (2016) | 15.6% | 16.7% | 18.0% | | | |
| Adults Who Smoke (2016) | 18.0% | 17.9% | 17.1% | | | |
| Death Rate Due to Drug Poisoning (2014-2016) (deaths/100,000) | 18.2 | 16.2 | 16.9 | | | |

According to Injury Free NC and the Department of Health and Human Services, Beaufort County has one of the highest opioid prescription rates in the state of North Carolina. The equivalent of every man, woman, and child in Beaufort County could receive over 105 opioid pills each, while the state average is around 66 pills per resident.

According to the NC Injury and Violence Prevention Branch, in 2016, Beaufort County had 11 intentional and 8 unintentional medication and overdose deaths. Beaufort County's unintentional medication and drug deaths rate per 100,000 (14.3) is greater than the NC rate (12.2). In 2016, the following substances contributed to the unintentional medicine and drug overdose deaths in Beaufort County: commonly prescribed opioid medication (8), other synthetic narcotics (2), heroin (1), and cocaine (1).

> "The drug problem is a bad cycle and is impacting all ages. "
> -Focus Group Participant

## Primary Data

Community survey participants ranked substance abuse (23.5%) as the second top issue affecting quality of life in Beaufort County. Additionally, 27.5% of community survey respondents reported wanting to learn more about substance abuse prevention.

13.6% of survey participants reported current use of tobacco products. Of those who reported tobacco product use, 32.2% reported that they don't know where they would go if they wanted to quit and 23.7% would go to a doctor, though 25.4% selected that they do not want to quit and therefore would not seek help. 47.1% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 41% were exposed in the home.

Reported illicit drug use amongst survey participants in the past 30-days was low, 94.6% reported no illegal drug use and 97.6% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<5%) in the past 30 days, 76.2% reported marijuana use and 38.1% reported cocaine use.

> "85% of court cases are somehow involved with drugs, both minor and major cases."
> - Focus Group Participant

Substance abuse was a topic that arose in each focus group. It was stated by one participant that the drug problem in in this county is part of a bad cycle and impacting all ages. Drug court was mentioned as a possible solution to the substance abuse issues, which would provide a more efficient way to handle drug cases.

## Highly Impacted Populations

The Injury and Violence Prevention Branch depict that there is a greater occurrence of unintentional medication and drug overdose in males, verses females. In comparing races, the White, non-Hispanic population has a higher rate. Residents between the ages of 25-64 have the highest occurrence of unintentional medication and drug overdoses in Beaufort County.

**Table 24. County Demographics of Unintentional Medication & Drug Overdose Deaths (2012-2016)**

|  | RACE | | | | | SEX | | AGE | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | White | Black | Hispanic | Asian | Am. Indian | M | F | 0-17 | 18-24 | 25-44 | 45-64 | 65+ |
| Beaufort County, Overall Population | 66% | 25% | 8% | 0% | 0% | 48% | 52% | 21% | 7% | 21% | 29% | 21% |
| Unintentional Overdose Deaths, Beaufort County Residents | 91% | 9% | 0% | 0% | 0% | 53% | 47% | 0% | 12% | 38% | 38% | 12% |
| Unintentional Overdose Deaths, North Carolina Residents | 85% | 11% | 2% | 0% | 2% | 63% | 37% | 0% | 9% | 49% | 39% | 3% |

# Transportation

## Key Issues

- A high percentage of people drive alone to work and this is increasing over time
- Workers are not commuting via public transportation or by walking
- More isolated sub-group populations may be adversely impacted by the lack of access to transportation

## Secondary Data

The secondary data analysis identified transportation as a top quality of life issue.

**Table 25. Data Scoring Results for Transportation**

| Indicator (Year)(Units) | Beaufort County | NC | U.S. | Beaufort Compared to NC Counties | Beaufort Compared to U.S. Counties | Beaufort County Trend |
|---|---|---|---|---|---|---|
| Workers who Drive Alone to Work (2012-2016) | 86.8% | 81.1% | 76.4% | | | |
| Workers Commuting by Public Transportation (2012-2016) | 0.1% | 1.1% | 5.1% | | | |
| Workers who Walk to Work (2012-2016) | 1.5% | 1.8% | 2.8% | | | |
| Families Living Below Poverty Level (2012-2016) | 12.7% | 12.4% | 11.0% | | | |

*See Appendix A for full list of indicators included in each topic area*

High scoring indicators within the transportation topic area are related to how commuters travel to and from their work place. As shown in Table 25, majority of commuters travel by car alone to work, which may be indicative of the geography of the county. Beaufort County is divided by a body of water and has a lack of availability of public transportation. 86.8% of workers drive alone to work which is higher than the percentage in North Carolina and the U.S. This percentage is significantly increasing over time.

Only 0.1% of community members commute to work by public transportation and 1.5% of workers walk to work. Beaufort County does not meet the Healthy People 2020 goals for either indicator, 5.5% and 3.1% respectively. Within Beaufort County, 12.7% of families live below the poverty level compared to NC (12.4%) and the U.S. (11.0%).

## Primary Data

When asked about services needing the most improvement in the community, 3.5% of survey respondents selected transportation options.

Focus group respondents also identified transportation as an issue in the community. Participants discussed transportation as a barrier to accessing health care services, food sources and the challenges of getting around when facilities/businesses may be far from home or from one another.

*"Getting people to go where they need to for necessary assistance or resources is a big factor and that is also because of our poor transportation or lack of transportation options. The community as a whole (the entire county) is very rural which means there is a lot of places lacking certain things needed to maintain one's health and if they can't get the transportation needed to get them to those services, they just won't go."*
*-Focus Group Participant*

## Highly Impacted Populations

Specific populations related to the secondary data indicators are more affected than other groups in the community. The data indicates that Asian and American Indian or Alaska Native individuals are more likely to drive alone to work. In addition, those who are 65 and older are less likely to walk to work. Low income is a highly

impacted population due to them being less likely to own a vehicle. 8% of Beaufort County residents do not own a vehicle.

Focus group participants also identified the elderly population in the community as a group who likely struggles with transportation to medical care.

# Mortality

Though not singled out as a top community concern, knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 26 shows the leading causes of mortality in Beaufort County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

**Table 26. Leading Causes of Mortality (2014-2016, CDC WONDER)**

| | Beaufort County | | | North Carolina | | | Health ENC Counties | | |
|---|---|---|---|---|---|---|---|---|---|
| Rank | **Cause** | **Deaths** | **Rate*** | **Cause** | **Deaths** | **Rate*** | **Cause** | **Deaths** | **Rate*** |
| 1 | Cancer | 415 | 184.8 | Cancer | 58,187 | 165.1 | Cancer | 12,593 | 177.5 |
| 2 | Heart Diseases | 403 | 184.3 | Heart Diseases | 54,332 | 159 | Heart Diseases | 12,171 | 178.8 |
| 3 | Chronic Lower Respiratory Diseases | 109 | 48.9 | Chronic Lower Respiratory Diseases | 15,555 | 45.1 | Cerebrovascular Diseases | 3,247 | 48.5 |
| 4 | Accidental Injuries | 105 | 66.7 | Accidental Injuries | 15,024 | 48.2 | Accidental Injuries | 3,136 | 50.1 |
| 5 | Cerebrovascular Diseases | 98 | 43.9 | Cerebrovascular Diseases | 14,675 | 43.6 | Chronic Lower Respiratory Diseases | 3,098 | 44.9 |
| 6 | Alzheimer's Disease | 66 | 31.2 | Alzheimer's Disease | 11,202 | 34.2 | Diabetes | 2,088 | 29.9 |
| 7 | Diabetes | 64 | 30 | Diabetes | 8,244 | 23.6 | Alzheimer's Disease | 1,751 | 27.3 |
| 8 | Kidney Diseases | 34 | 16.4 | Influenza and Pneumonia | 5,885 | 17.5 | Influenza and Pneumonia | 1,148 | 17.2 |
| 9 | Hypertension | 32 | 16.6 | Kidney Diseases | 5,614 | 16.5 | Kidney Diseases | 1,140 | 16.8 |
| 10 | Suicide | 29 | 19.6 | Septicemia | 4,500 | 13.1 | Septicemia | 1,033 | 15.1 |

*Rate per 100,000

# A Closer Look at Highly Impacted Populations

Subpopulations emerged from data sources due to their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

## Disparities by Age, Gender and Race/Ethnicity

Secondary data was further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 27 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Beaufort County, with significance determined by non-overlapping confidence intervals.

**Table 27. Indicators with Significant Race/Ethnic, Age, or Gender Disparities**

| Health Indicator | Group(s) Disparately Affected |
|---|---|
| All Cancer Incidence Rate | Male |
| Bladder Cancer Incidence Rate | Male |
| Children Living Below Poverty Level | Black or African American |
| Families Living Below Poverty Level | Black or African American |
| Median Household Income | Black or African American; Hispanic or Latino |
| People 25+ with a Bachelor's Degree or Higher | Black or African American; Hispanic or Latino; Other |
| People 25+ with a High School Degree or Higher | Male; Black or African American; Hispanic or Latino; Other; Two or More Races |
| People 65+ Living Below Poverty Level | Black or African American |
| People Living Below Poverty Level | Ages 18-24; Black or African American; Native Hawaiian or Other Pacific Islander |
| Per Capita Income | Black or African American; Hispanic or Latino; Other; Two or More Races |
| Preventable Hospital Stays: Medicare Population | Black |
| Prostate Cancer Incidence Rate | Black |
| Substance Abuse | White; Ages 25-64; Males |
| Transportation | Low Income |
| Workers who Drive Alone to Work | American Indian or Alaska Native; Asian |
| Workers who Walk to Work | People Age 65 and Older |
| Young Children Living Below Poverty Level | Black or African American |

From Table 27, population subgroups face the most disparity in economic and education related areas. Hispanic or Latino, Black or African American, Other and Two or More Races groups are most often and drastically affected in these topic areas. Men appear as a disparately affected population in cancer related indicators listed in Table 27. Additionally, Black or African Americans that are included as part of the Medicare population are more likely to experience preventable hospital stays.

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 27 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

## Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27808 has the highest socioeconomic need within Beaufort County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index on page 32 for more details, including a map of Beaufort County zip codes and index values.

# Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Beaufort County. The assessment also included input from Beaufort County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified significant health needs, i.e. Cancer, Diabetes, Economy, Exercise, Nutrition & Weight, Other Chronic Diseases, Prevention & Safety, Substance abuse and Transportation. The prioritization process identified four focus areas: (1) Access to Health Services (including mental health) (2) Exercise, Nutrition, and Weight (3) Education (4) Substance Abuse. Following this process, Beaufort County Health Department and Vidant Beaufort Hospital will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Janell.Lewis@bchd.net.

# Appendix A. Secondary Data Scoring

## Overview

Data scoring consists of three stages, which are summarized in Figure 46.

## Comparison Score

For each indicator, Beaufort County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

## Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

## Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area. Broad topic scores are a good tool, but are limited by which indicators are selected for use in the analysis.

**Figure 46. Secondary Data Scoring**
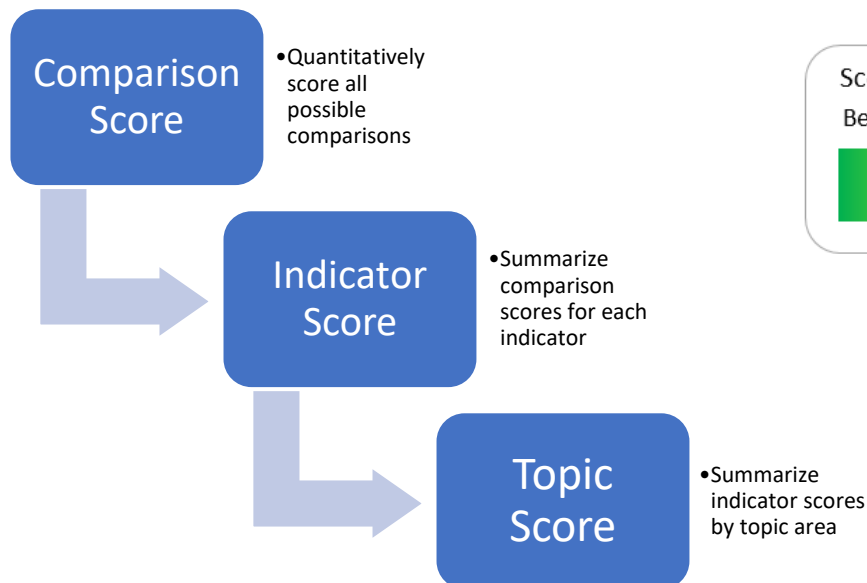
**Figure 47. Score Range**

## Comparison Scores

Figure 48. Comparisons used in Secondary
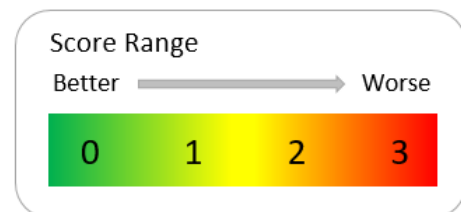
Up to 7 comparison scores were used to assess the status of Beaufort County. The possible comparisons are shown in Figure and include a comparison of Beaufort County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.



North Carolina Counties

U.S. Counties

North Carolina State Value

U.S. Value

HP 2020

Healthy NC 2020

Trend

Indicator Score

Topic Score

## Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how Beaufort County is faring against a distribution of counties in North Carolina or the U.S. (Figrue 49).

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Beaufort County falls within these four groups or quartiles.

**Figure 49. Compare to Distribution Indicator**



**Figure 50. Distribution of County Values**



All County Values     Ordered by Value     Divided into Quartiles

## Comparison to North Carolina Value and U.S. Value

**Figure 51. Comparison to Single Value**

As shown in Figure 51, the diamond represents how Beaufort County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how better or worse the county value is relative to the comparison value.

 much

## Comparison to Healthy People 2020 and Healthy North Carolina 2020

## Trend Over Time

As shown in Figure 52, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Beaufort County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

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**Figure 52. Trend Over Time**



## Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

## Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

## Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

## Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups such as age, gender and race/ethnicity, and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

# Topic Scoring Table

Table 28 shows the Topic Scores for Beaufort County, with higher scores indicating a higher need.
Topic scoring is limited by the indicators analyzed from the secondary data. Other indicators which would have a bearing on these results may not have been used due to availability or knowledge of its existence.

**Table 28. Topic Scores for Beaufort County**

| Health and Quality of Life Topics | Score |
|---|---|
| Men's Health | 2.10 |
| Diabetes | 2.07 |
| Mortality Data | 1.98 |
| Other Chronic Diseases | 1.93 |
| Transportation | 1.93 |
| Cancer | 1.87 |
| Prevention & Safety | 1.84 |
| Maternal, Fetal & Infant Health | 1.83 |
| Substance Abuse | 1.71 |
| Women's Health | 1.69 |
| Access to Health Services | 1.68 |
| Wellness & Lifestyle | 1.68 |
| Environmental & Occupational Health | 1.66 |
| Mental Health & Mental Disorders | 1.66 |
| Economy | 1.65 |
| Exercise, Nutrition, & Weight | 1.60 |
| Education | 1.59 |
| Social Environment | 1.58 |
| Heart Disease & Stroke | 1.57 |
| County Health Rankings | 1.56 |
| Older Adults & Aging | 1.53 |
| Respiratory Diseases | 1.47 |
| Public Safety | 1.46 |
| Environment | 1.41 |
| Immunizations & Infectious Diseases | 1.18 |

# Indicator Scoring Table

Table 29 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Beaufort County values are displayed alongside various comparison values and the period of measurement.

## Table 29. Indicator Scores by Topic Area (Topic Area Listed Alphabetically)

| SCORE | ACCESS TO HEALTH SERVICES | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.05 | Mental Health Provider Rate | 2017 | providers/ 100,000 population | 107.3 | 215.5 | 214.3 | | | |
| 2.05 | Primary Care Provider Rate | 2015 | providers/ 100,000 population | 48.3 | 70.6 | 75.5 | | | |
| 2.00 | Dentist Rate | 2016 | dentists/ 100,000 population | 35.8 | 54.7 | 67.4 | | | |
| 1.65 | Non-Physician Primary Care Provider Rate | 2017 | providers/ 100,000 population | 65.2 | 102.5 | 81.2 | | | |
| 1.48 | Persons with Health Insurance | 2016 | percent | 87.0 | 87.8 | | 100.0 | 92.0 | |
| 1.43 | Clinical Care Ranking | 2018 | ranking | 30 | | | | | |
| 1.10 | Preventable Hospital Stays: Medicare Population | 2014 | discharges/ 1,000 Medicare enrollees | 45.6 | 49.0 | 49.9 | | | Black |

| SCORE | CANCER | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.65 | Age-Adjusted Death Rate due to Cancer | 2010-2014 | deaths/ 100,000 population | 195.0 | 172.0 | 166.1 | 161.4 | | |
| 2.40 | Age-Adjusted Death Rate due to Breast Cancer | 2010-2014 | deaths/ 100,000 females | 23.7 | 21.6 | 21.2 | 20.7 | | |
| 2.40 | Ovarian Cancer Incidence Rate | 2010-2014 | cases/ 100,000 females | 13.0 | 10.9 | 11.4 | | | |
| 2.25 | Age-Adjusted Death Rate due to Pancreatic Cancer | 2010-2014 | deaths/ 100,000 population | 11.9 | 10.8 | 10.9 | | | |
| 2.25 | Age-Adjusted Death Rate due to Prostate Cancer | 2010-2014 | deaths/ 100,000 males | 28.1 | 21.6 | 20.1 | 21.8 | | |
| 2.25 | Lung and Bronchus Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 81.0 | 70.0 | 61.2 | | | |
| 2.20 | Liver and Bile Duct Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 8.8 | 7.7 | 7.8 | | | |
| 2.15 | All Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 491.4 | 457.0 | 443.6 | | | Male |
| 2.10 | Colorectal Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 45.6 | 37.7 | 39.8 | 39.9 | | |
| 2.10 | Prostate Cancer Incidence Rate | 2010-2014 | cases/ 100,000 males | 140.0 | 125.0 | 114.8 | | | Male |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 1.95 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 57.4 | 50.7 | 44.7 | 45.5 | | |
| 1.95 | Cancer: Medicare Population | 2015 | percent | 7.9 | 7.7 | 7.8 | | | |
| 1.90 | Age-Adjusted Death Rate due to Colorectal Cancer | 2010-2014 | deaths/ 100,000 population | 15.8 | 14.1 | 14.8 | 14.5 | 10.1 | |
| 1.55 | Breast Cancer Incidence Rate | 2010-2014 | cases/ 100,000 females | 128.6 | 129.4 | 123.5 | | | |
| 1.45 | Pancreatic Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 12.5 | 12.0 | 12.5 | | | |
| 0.95 | Bladder Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 18.3 | 20.1 | 20.5 | | | Male |
| 0.65 | Mammography Screening: Medicare Population | 2014 | percent | 72.9 | 67.9 | 63.1 | | | |
| 0.50 | Oral Cavity and Pharynx Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 8.8 | 12.2 | 11.5 | | | |

| SCORE | COUNTY HEALTH RANKINGS | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 1.73 | Mortality Ranking | 2018 | ranking | 80 | | | | | |
| 1.58 | Health Behaviors Ranking | 2018 | ranking | 59 | | | | | |
| 1.58 | Morbidity Ranking | 2018 | ranking | 60 | | | | | |
| 1.58 | Social and Economic Factors Ranking | 2018 | ranking | 76 | | | | | |
| 1.43 | Clinical Care Ranking | 2018 | ranking | 30 | | | | | |
| 1.43 | Physical Environment Ranking | 2018 | ranking | 36 | | | | | |

| SCORE | DIABETES | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.50 | Adults 20+ with Diabetes | 2014 | percent | 14.6 | 11.1 | 10.0 | | | |
| 2.28 | Age-Adjusted Death Rate due to Diabetes | 2012-2016 | deaths/ 100,000 population | 30.5 | 23.0 | 21.1 | | | |
| 2.05 | Diabetes: Medicare Population | 2015 | percent | 29.3 | 28.4 | 26.5 | | | |
| 1.45 | Diabetic Monitoring: Medicare Population | 2014 | percent | 88.7 | 88.8 | 85.2 | | | |

| SCORE | ECONOMY | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.70 | Households with Supplemental Security Income | 2012-2016 | percent | 8.2 | 5.0 | 5.4 | | | |
| 2.40 | Female Population 16+ in Civilian Labor Force | 2012-2016 | percent | 51.0 | 57.4 | 58.3 | | | |
| 2.40 | Population 16+ in Civilian Labor Force | 2012-2016 | percent | 54.6 | 61.5 | 63.1 | | | |
| 2.35 | Students Eligible for the Free Lunch Program | 2015-2016 | percent | 58.8 | 52.6 | 42.6 | | | |
| 2.25 | People Living 200% Above Poverty Level | 2012-2016 | percent | 57.5 | 62.3 | 66.4 | | | |
| 2.18 | Persons with Disability Living in Poverty (5-year) | 2012-2016 | percent | 36.6 | 29.0 | 27.6 | | | |
| 2.05 | Homeownership | 2012-2016 | percent | 52.0 | 55.5 | 55.9 | | | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

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| Score | Indicator | Period | Units | | | | | Subgroup |
|---|---|---|---|---|---|---|---|---|
| 2.03 | Median Housing Unit Value | 2012-2016 | dollars | 122100 | 157100 | 184700 | | |
| 2.00 | Median Household Income | 2012-2016 | dollars | 40906 | 48256 | 55322 | | Black or African American, Hispanic or Latino |
| 1.98 | Median Monthly Owner Costs for Households without a Mortgage | 2012-2016 | dollars | 456 | 376 | 462 | | |
| 1.80 | Food Insecurity Rate | 2016 | percent | 16.2 | 15.4 | 12.9 | | |
| 1.80 | Total Employment Change | 2014-2015 | percent | 2.2 | 3.1 | 2.5 | | |
| 1.80 | Unemployed Workers in Civilian Labor Force | April 2018 | percent | 4.3 | 3.7 | 3.7 | | |
| 1.65 | People Living Below Poverty Level | 2012-2016 | percent | 17.5 | 16.8 | 15.1 | 12.5 | 18-24, Black or African American, Native Hawaiian or Other Pacific Islander |
| 1.65 | Per Capita Income | 2012-2016 | dollars | 23716 | 26779 | 29829 | | Black or African American, Hispanic or Latino, Other, Two or More Races |
| 1.58 | Social and Economic Factors Ranking | 2018 | ranking | 76 | | | | |
| 1.50 | Families Living Below Poverty Level | 2012-2016 | percent | 12.7 | 12.4 | 11.0 | | Black or African American |
| 1.40 | Households with Cash Public Assistance Income | 2012-2016 | percent | 2.1 | 1.9 | 2.7 | | |
| 1.40 | People 65+ Living Below Poverty Level | 2012-2016 | percent | 9.7 | 9.7 | 9.3 | | Black or African American |
| 1.35 | Low-Income and Low Access to a Grocery Store | 2015 | percent | 3.9 | | | | |
| 1.20 | Child Food Insecurity Rate | 2016 | percent | 20.7 | 20.9 | 17.9 | | |
| 1.18 | Mortgaged Owners Median Monthly Household Costs | 2012-2016 | dollars | 1190 | 1243 | 1491 | | |
| 1.10 | Severe Housing Problems | 2010-2014 | percent | 15.7 | 16.6 | 18.8 | | |
| 1.10 | SNAP Certified Stores | 2016 | stores/ 1,000 population | 1.1 | | | | |
| 1.05 | Children Living Below Poverty Level | 2012-2016 | percent | 22.0 | 23.9 | 21.2 | | Black or African American |
| 0.90 | Renters Spending 30% or More of Household Income on Rent | 2012-2016 | percent | 41.8 | 49.4 | 47.3 | 36.1 | |
| 0.88 | Median Household Gross Rent | 2012-2016 | dollars | 652 | 816 | 949 | | |
| 0.60 | Young Children Living Below Poverty Level | 2012-2016 | percent | 23.4 | 27.3 | 23.6 | | Black or African American |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | EDUCATION | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|-------|-----------|--------------------|-------|-----------------|----------------|------|--------|------------------|----------------|
| 2.00 | High School Graduation | *2016-2017* | *percent* | 80.6 | 86.5 | | 87.0 | 94.6 | |
| 1.95 | People 25+ with a Bachelor's Degree or Higher | *2012-2016* | *percent* | 18.6 | 29.0 | 30.3 | | | Black or African American, Hispanic or Latino |
| 1.70 | 8th Grade Students Proficient in Math | *2016-2017* | *percent* | 36.0 | 45.8 | | | | |
| 1.65 | 8th Grade Students Proficient in Reading | *2016-2017* | *percent* | 45.2 | 53.7 | | | | |
| 1.55 | 4th Grade Students Proficient in Math | *2016-2017* | *percent* | 55.5 | 58.6 | | | | |
| 1.55 | People 25+ with a High School Degree or Higher | *2012-2016* | *percent* | 84.6 | 86.3 | 87.0 | | | Male, Black or African American, Hispanic or Latino, Other, Two or More Races |
| 1.25 | 4th Grade Students Proficient in Reading | *2016-2017* | *percent* | 60.3 | 57.7 | | | | |
| 1.10 | Student-to-Teacher Ratio | *2015-2016* | *students/ teacher* | 14.5 | 15.6 | 17.7 | | | |

| SCORE | ENVIRONMENT | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|-------|-------------|--------------------|-------|-----------------|----------------|------|--------|------------------|----------------|
| 2.25 | Liquor Store Density | *2015* | *stores/ 100,000 population* | 12.6 | 5.8 | 10.5 | | | |
| 2.10 | Access to Exercise Opportunities | *2018* | *percent* | 60.5 | 76.1 | 83.1 | | | |
| 1.80 | Recognized Carcinogens Released into Air | *2016* | *pounds* | 21041 | | | | | |
| 1.75 | Fast Food Restaurant Density | *2014* | *restaurants/ 1,000 population* | 0.7 | | | | | |
| 1.65 | Farmers Market Density | *2016* | *markets/ 1,000 population* | 0.02 | | | | | |
| 1.65 | Households with No Car and Low Access to a Grocery Store | *2015* | *percent* | 3.9 | | | | | |
| 1.43 | Physical Environment Ranking | *2018* | *ranking* | 36 | | | | | |
| 1.40 | Food Environment Index | *2018* | | 7.3 | 6.4 | 7.7 | | | |
| 1.35 | Grocery Store Density | *2014* | *stores/ 1,000 population* | 0.2 | | | | | |
| 1.35 | Low-Income and Low Access to a Grocery Store | *2015* | *percent* | 3.9 | | | | | |
| 1.35 | People 65+ with Low Access to a Grocery Store | *2015* | *percent* | 1.7 | | | | | |
| 1.20 | Children with Low Access to a Grocery Store | *2015* | *percent* | 2.4 | | | | | |
| 1.20 | PBT Released | *2016* | *pounds* | 23389 | | | | | |
| 1.10 | Severe Housing Problems | *2010-2014* | *percent* | 15.7 | 16.6 | 18.8 | | | |
| 1.10 | SNAP Certified Stores | *2016* | *stores/ 1,000 population* | 1.1 | | | | | |
| 1.05 | Recreation and Fitness Facilities | *2014* | *facilities/ 1,000 population* | 0.15 | | | | | |
| 0.90 | Houses Built Prior to 1950 | *2012-2016* | *percent* | 10.1 | 9.1 | 18.2 | | | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 0.68 | Drinking Water Violations | FY 2013-14 | percent | 0.0 | 4.0 | | | 5.0 | |

| SCORE | ENVIRONMENTAL & OCCUPATIONAL HEALTH | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.05 | Age-Adjusted Hospitalization Rate due to Asthma | 2014 | hospitalizations/ 10,000 population | 111.4 | 90.9 | | | | |
| 1.50 | Asthma: Medicare Population | 2015 | percent | 7.7 | 8.4 | 8.2 | | | |
| 1.43 | Physical Environment Ranking | 2018 | ranking | 36 | | | | | |

| SCORE | EXERCISE, NUTRITION, & WEIGHT | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.85 | Adults 20+ who are Obese | 2014 | percent | 34.7 | 29.6 | 28.0 | 30.5 | | |
| 2.35 | Workers who Walk to Work | 2012-2016 | percent | 1.5 | 1.8 | 2.8 | 3.1 | | |
| 2.10 | Access to Exercise Opportunities | 2018 | percent | 60.5 | 76.1 | 83.1 | | | |
| 1.80 | Food Insecurity Rate | 2016 | percent | 16.2 | 15.4 | 12.9 | | | |
| 1.75 | Fast Food Restaurant Density | 2014 | restaurants/ 1,000 population | 0.7 | | | | | |
| 1.65 | Farmers Market Density | 2016 | markets/ 1,000 population | 0.02 | | | | | |
| 1.65 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 3.9 | | | | | |
| 1.58 | Health Behaviors Ranking | 2018 | ranking | 59 | | | | | |
| 1.40 | Adults 20+ who are Sedentary | 2014 | percent | 26.7 | 24.3 | 23.0 | 32.6 | | |
| 1.40 | Food Environment Index | 2018 | | 7.3 | 6.4 | 7.7 | | | |
| 1.35 | Grocery Store Density | 2014 | stores/ 1,000 population | 0.2 | | | | | |
| 1.35 | Low-Income and Low Access to a Grocery Store | 2015 | percent | 3.9 | | | | | |
| 1.35 | People 65+ with Low Access to a Grocery Store | 2015 | percent | 1.7 | | | | | |
| 1.20 | Child Food Insecurity Rate | 2016 | percent | 20.7 | 20.9 | 17.9 | | | |
| 1.20 | Children with Low Access to a Grocery Store | 2015 | percent | 2.4 | | | | | |
| 1.10 | SNAP Certified Stores | 2016 | stores/ 1,000 population | 1.1 | | | | | |
| 1.05 | Recreation and Fitness Facilities | 2014 | facilities/ 1,000 population | 0.15 | | | | | |

| SCORE | HEART DISEASE & STROKE | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.70 | Stroke: Medicare Population | 2015 | percent | 4.5 | 3.9 | 4.0 | | | |
| 2.40 | Hypertension: Medicare Population | 2015 | percent | 60.6 | 58.0 | 55.0 | | | |
| 1.93 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | 2012-2016 | deaths/ 100,000 population | 44.7 | 43.1 | 36.9 | 34.8 | | |
| 1.65 | Age-Adjusted Death Rate due to Heart Disease | 2012-2016 | deaths/ 100,000 population | 184.8 | 161.3 | | | 161.5 | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 1.65 | Hyperlipidemia: Medicare Population | 2015 | percent | 43.6 | 46.3 | 44.6 | | | |
| 0.85 | Atrial Fibrillation: Medicare Population | 2015 | percent | 7.0 | 7.7 | 8.1 | | | |
| 0.85 | Ischemic Heart Disease: Medicare Population | 2015 | percent | 22.2 | 24.0 | 26.5 | | | |
| 0.50 | Heart Failure: Medicare Population | 2015 | percent | 10.8 | 12.5 | 13.5 | | | |

| SCORE | IMMUNIZATIONS & INFECTIOUS DISEASES | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 1.58 | Age-Adjusted Death Rate due to HIV | 2012-2016 | deaths/ 100,000 population | 2.5 | 2.2 | 2.0 | 3.3 | | |
| 1.55 | AIDS Diagnosis Rate | 2016 | cases/ 100,000 population | 7.4 | 7.0 | | | | |
| 1.48 | Chlamydia Incidence Rate | 2016 | cases/ 100,000 population | 534.4 | 572.4 | 497.3 | | | |
| 1.45 | Syphilis Incidence Rate | 2016 | cases/ 100,000 population | 6.3 | 10.8 | 8.7 | | | |
| 1.23 | Gonorrhea Incidence Rate | 2016 | cases/ 100,000 population | 130.5 | 194.4 | 145.8 | | | |
| 0.78 | Age-Adjusted Death Rate due to Influenza and Pneumonia | 2012-2016 | deaths/ 100,000 population | 11.8 | 17.8 | 14.8 | | 13.5 | |
| 0.75 | HIV Diagnosis Rate | 2014-2016 | cases/ 100,000 population | 8.2 | 16.1 | | | 22.2 | |
| 0.58 | Tuberculosis Incidence Rate | 2014 | cases/ 100,000 population | 0.0 | 2.0 | 3.0 | 1.0 | | |

| SCORE | MATERNAL, FETAL & INFANT HEALTH | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.78 | Infant Mortality Rate | 2011-2015 | deaths/ 1,000 live births | 11.9 | 7.2 | 6.0 | 6.0 | 6.3 | |
| 2.43 | Babies with Very Low Birth Weight | 2012-2016 | percent | 2.2 | 1.7 | 1.4 | 1.4 | | |
| 2.13 | Babies with Low Birth Weight | 2012-2016 | percent | 9.9 | 9.0 | 8.1 | 7.8 | | |
| 0.93 | Preterm Births | 2016 | percent | 9.3 | 10.4 | 9.8 | 9.4 | | |
| 0.90 | Teen Pregnancy Rate | 2012-2016 | pregnancies/ 1,000 females aged 15-17 | 15.4 | 15.7 | | 36.2 | | |

| SCORE | MEN'S HEALTH | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.25 | Age-Adjusted Death Rate due to Prostate Cancer | 2010-2014 | deaths/ 100,000 males | 28.1 | 21.6 | 20.1 | 21.8 | | |
| 2.10 | Prostate Cancer Incidence Rate | 2010-2014 | cases/ 100,000 males | 140.0 | 125.0 | 114.8 | | | Male |
| 1.95 | Life Expectancy for Males | 2014 | years | 73.6 | 75.4 | 76.7 | | 79.5 | |

| SCORE | MENTAL HEALTH & MENTAL DISORDERS | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.78 | Age-Adjusted Death Rate due to Suicide | 2012-2016 | deaths/ 100,000 population | 18.8 | 12.9 | 13.0 | 10.2 | 8.3 | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.05 | Mental Health Provider Rate | 2017 | providers/ 100,000 population | 107.3 | 215.5 | 214.3 | | | |
| 1.80 | Poor Mental Health: Average Number of Days | 2016 | days | 4.1 | 3.9 | 3.8 | | 2.8 | |
| 1.65 | Depression: Medicare Population | 2015 | percent | 16.4 | 17.5 | 16.7 | | | |
| 1.35 | Frequent Mental Distress | 2016 | percent | 13.0 | 12.3 | 15.0 | | | |
| 1.28 | Age-Adjusted Death Rate due to Alzheimer's Disease | 2012-2016 | deaths/ 100,000 population | 27.3 | 31.9 | 26.6 | | | |
| 0.70 | Alzheimer's Disease or Dementia: Medicare Population | 2015 | percent | 7.5 | 9.8 | 9.9 | | | |

| SCORE | MORTALITY DATA | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.78 | Age-Adjusted Death Rate due to Suicide | 2012-2016 | deaths/ 100,000 population | 18.8 | 12.9 | 13.0 | 10.2 | 8.3 | |
| 2.78 | Infant Mortality Rate | 2011-2015 | deaths/ 1,000 live births | 11.9 | 7.2 | 6.0 | 6.0 | 6.3 | |
| 2.65 | Age-Adjusted Death Rate due to Cancer | 2010-2014 | deaths/ 100,000 population | 195.0 | 172.0 | 166.1 | 161.4 | | |
| 2.63 | Age-Adjusted Death Rate due to Unintentional Injuries | 2012-2016 | deaths/ 100,000 population | 46.1 | 31.9 | 41.4 | 36.4 | | |
| 2.40 | Age-Adjusted Death Rate due to Breast Cancer | 2010-2014 | deaths/ 100,000 females | 23.7 | 21.6 | 21.2 | 20.7 | | |
| 2.35 | Premature Death | 2014-2016 | years/ 100,000 population | 9575.3 | 7281.1 | 6658.1 | | | |
| 2.28 | Age-Adjusted Death Rate due to Diabetes | 2012-2016 | deaths/ 100,000 population | 30.5 | 23.0 | 21.1 | | | |
| 2.25 | Age-Adjusted Death Rate due to Firearms | 2014-2016 | deaths/ 100,000 population | 17.4 | 12.7 | 11.0 | 9.3 | | |
| 2.25 | Age-Adjusted Death Rate due to Pancreatic Cancer | 2010-2014 | deaths/ 100,000 population | 11.9 | 10.8 | 10.9 | | | |
| 2.25 | Age-Adjusted Death Rate due to Prostate Cancer | 2010-2014 | deaths/ 100,000 males | 28.1 | 21.6 | 20.1 | 21.8 | | |
| 1.95 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 57.4 | 50.7 | 44.7 | 45.5 | | |
| 1.95 | Age-Adjusted Death Rate due to Motor Vehicle Collisions | 2012-2016 | deaths/ 100,000 population | 21.3 | 14.1 | | | | |
| 1.93 | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | 2012-2016 | deaths/ 100,000 population | 44.7 | 43.1 | 36.9 | 34.8 | | |
| 1.90 | Age-Adjusted Death Rate due to Colorectal Cancer | 2010-2014 | deaths/ 100,000 population | 15.8 | 14.1 | 14.8 | 14.5 | 10.1 | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 1.90 | Death Rate due to Drug Poisoning | 2014-2016 | deaths/ 100,000 population | 18.2 | 16.2 | 16.9 | | | |
| 1.73 | Mortality Ranking | 2018 | ranking | 80 | | | | | |
| 1.70 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 30.4 | 31.4 | 29.3 | | 4.7 | |
| 1.65 | Age-Adjusted Death Rate due to Heart Disease | 2012-2016 | deaths/ 100,000 population | 184.8 | 161.3 | | | 161.5 | |
| 1.65 | Age-Adjusted Death Rate due to Unintentional Poisonings | 2014-2016 | deaths/ 100,000 population | 15.9 | 15.1 | 15.4 | | 9.9 | |
| 1.58 | Age-Adjusted Death Rate due to HIV | 2012-2016 | deaths/ 100,000 population | 2.5 | 2.2 | 2.0 | 3.3 | | |
| 1.28 | Age-Adjusted Death Rate due to Alzheimer's Disease | 2012-2016 | deaths/ 100,000 population | 27.3 | 31.9 | 26.6 | | | |
| 0.83 | Age-Adjusted Death Rate due to Homicide | 2012-2016 | deaths/ 100,000 population | 5.3 | 6.2 | 5.5 | 5.5 | 6.7 | |
| 0.78 | Age-Adjusted Death Rate due to Influenza and Pneumonia | 2012-2016 | deaths/ 100,000 population | 11.8 | 17.8 | 14.8 | | 13.5 | |

| SCORE | OLDER ADULTS & AGING | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.70 | Stroke: Medicare Population | 2015 | percent | 4.5 | 3.9 | 4.0 | | | |
| 2.40 | Hypertension: Medicare Population | 2015 | percent | 60.6 | 58.0 | 55.0 | | | |
| 2.25 | Chronic Kidney Disease: Medicare Population | 2015 | percent | 19.8 | 19.0 | 18.1 | | | |
| 2.10 | People 65+ Living Alone | 2012-2016 | percent | 27.9 | 26.8 | 26.4 | | | |
| 2.05 | Diabetes: Medicare Population | 2015 | percent | 29.3 | 28.4 | 26.5 | | | |
| 1.95 | Cancer: Medicare Population | 2015 | percent | 7.9 | 7.7 | 7.8 | | | |
| 1.80 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | 2015 | percent | 29.3 | 29.1 | 30.0 | | | |
| 1.75 | Osteoporosis: Medicare Population | 2015 | percent | 5.5 | 5.4 | 6.0 | | | |
| 1.65 | Depression: Medicare Population | 2015 | percent | 16.4 | 17.5 | 16.7 | | | |
| 1.65 | Hyperlipidemia: Medicare Population | 2015 | percent | 43.6 | 46.3 | 44.6 | | | |
| 1.50 | Asthma: Medicare Population | 2015 | percent | 7.7 | 8.4 | 8.2 | | | |
| 1.45 | Diabetic Monitoring: Medicare Population | 2014 | percent | 88.7 | 88.8 | 85.2 | | | |
| 1.40 | People 65+ Living Below Poverty Level | 2012-2016 | percent | 9.7 | 9.7 | 9.3 | | | Black or African American |
| 1.35 | People 65+ with Low Access to a Grocery Store | 2015 | percent | 1.7 | | | | | |
| 1.28 | Age-Adjusted Death Rate due to Alzheimer's Disease | 2012-2016 | deaths/ 100,000 population | 27.3 | 31.9 | 26.6 | | | |
| 1.20 | COPD: Medicare Population | 2015 | percent | 10.4 | 11.9 | 11.2 | | | |
| 0.85 | Atrial Fibrillation: Medicare Population | 2015 | percent | 7.0 | 7.7 | 8.1 | | | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| Score | | Measurement Period | Units | Beaufort County | North Carolina | U.S. | HP2020 | Healthy NC 2020 | High Disparity |
|---|---|---|---|---|---|---|---|---|---|
| 0.85 | Ischemic Heart Disease: Medicare Population | 2015 | percent | 22.2 | 24.0 | 26.5 | | | |
| 0.70 | Alzheimer's Disease or Dementia: Medicare Population | 2015 | percent | 7.5 | 9.8 | 9.9 | | | |
| 0.65 | Mammography Screening: Medicare Population | 2014 | percent | 72.9 | 67.9 | 63.1 | | | |
| 0.50 | Heart Failure: Medicare Population | 2015 | percent | 10.8 | 12.5 | 13.5 | | | |

| SCORE | OTHER CHRONIC DISEASES | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.25 | Chronic Kidney Disease: Medicare Population | 2015 | percent | 19.8 | 19.0 | 18.1 | | | |
| 1.80 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | 2015 | percent | 29.3 | 29.1 | 30.0 | | | |
| 1.75 | Osteoporosis: Medicare Population | 2015 | percent | 5.5 | 5.4 | 6.0 | | | |

| SCORE | PREVENTION & SAFETY | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.63 | Age-Adjusted Death Rate due to Unintentional Injuries | 2012-2016 | deaths/ 100,000 population | 46.1 | 31.9 | 41.4 | 36.4 | | |
| 2.25 | Age-Adjusted Death Rate due to Firearms | 2014-2016 | deaths/ 100,000 population | 17.4 | 12.7 | 11.0 | 9.3 | | |
| 1.95 | Age-Adjusted Death Rate due to Motor Vehicle Collisions | 2012-2016 | deaths/ 100,000 population | 21.3 | 14.1 | | | | |
| 1.90 | Death Rate due to Drug Poisoning | 2014-2016 | deaths/ 100,000 population | 18.2 | 16.2 | 16.9 | | | |
| 1.65 | Age-Adjusted Death Rate due to Unintentional Poisonings | 2014-2016 | deaths/ 100,000 population | 15.9 | 15.1 | 15.4 | | 9.9 | |
| 1.40 | Domestic Violence Deaths | 2016 | number | 0 | | | | | |
| 1.10 | Severe Housing Problems | 2010-2014 | percent | 15.7 | 16.6 | 18.8 | | | |

| SCORE | PUBLIC SAFETY | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.25 | Age-Adjusted Death Rate due to Firearms | 2014-2016 | deaths/ 100,000 population | 17.4 | 12.7 | 11.0 | 9.3 | | |
| 1.95 | Age-Adjusted Death Rate due to Motor Vehicle Collisions | 2012-2016 | deaths/ 100,000 population | 21.3 | 14.1 | | | | |
| 1.70 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 30.4 | 31.4 | 29.3 | | 4.7 | |
| 1.40 | Domestic Violence Deaths | 2016 | number | 0 | | | | | |
| 1.05 | Property Crime Rate | 2016 | crimes/ 100,000 population | 2252.6 | 2779.7 | | | | |
| 1.03 | Violent Crime Rate | 2016 | crimes/ 100,000 population | 291.6 | 374.9 | 386.3 | | | |
| 0.83 | Age-Adjusted Death Rate due to Homicide | 2012-2016 | deaths/ 100,000 population | 5.3 | 6.2 | 5.5 | 5.5 | 6.7 | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | RESPIRATORY DISEASES | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.25 | Lung and Bronchus Cancer Incidence Rate | 2010-2014 | cases/ 100,000 population | 81.0 | 70.0 | 61.2 | | | |
| 2.05 | Age-Adjusted Hospitalization Rate due to Asthma | 2014 | hospitalizations/ 10,000 population | 111.4 | 90.9 | | | | |
| 1.95 | Age-Adjusted Death Rate due to Lung Cancer | 2010-2014 | deaths/ 100,000 population | 57.4 | 50.7 | 44.7 | 45.5 | | |
| 1.50 | Asthma: Medicare Population | 2015 | percent | 7.7 | 8.4 | 8.2 | | | |
| 1.20 | COPD: Medicare Population | 2015 | percent | 10.4 | 11.9 | 11.2 | | | |
| 0.78 | Age-Adjusted Death Rate due to Influenza and Pneumonia | 2012-2016 | deaths/ 100,000 population | 11.8 | 17.8 | 14.8 | | 13.5 | |
| 0.58 | Tuberculosis Incidence Rate | 2014 | cases/ 100,000 population | 0.0 | 2.0 | 3.0 | 1.0 | | |

| SCORE | SOCIAL ENVIRONMENT | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.40 | Female Population 16+ in Civilian Labor Force | 2012-2016 | percent | 51.0 | 57.4 | 58.3 | | | |
| 2.40 | Population 16+ in Civilian Labor Force | 2012-2016 | percent | 54.6 | 61.5 | 63.1 | | | |
| 2.10 | People 65+ Living Alone | 2012-2016 | percent | 27.9 | 26.8 | 26.4 | | | |
| 2.05 | Homeownership | 2012-2016 | percent | 52.0 | 55.5 | 55.9 | | | |
| 2.03 | Median Housing Unit Value | 2012-2016 | dollars | 122100 | 157100 | 184700 | | | |
| 2.00 | Median Household Income | 2012-2016 | dollars | 40906 | 48256 | 55322 | | | Black or African American, Hispanic or Latino |
| 1.98 | Median Monthly Owner Costs for Households without a Mortgage | 2012-2016 | dollars | 456 | 376 | 462 | | | |
| 1.95 | People 25+ with a Bachelor's Degree or Higher | 2012-2016 | percent | 18.6 | 29.0 | 30.3 | | | Black or African American, Hispanic or Latino |
| 1.80 | Total Employment Change | 2014-2015 | percent | 2.2 | 3.1 | 2.5 | | | |
| 1.65 | People Living Below Poverty Level | 2012-2016 | percent | 17.5 | 16.8 | 15.1 | | 12.5 | 18-24, Black or African American, Native Hawaiian or Other Pacific Islander |
| 1.65 | Per Capita Income | 2012-2016 | dollars | 23716 | 26779 | 29829 | | | Black or African American, Hispanic or Latino, Other, Two or More Races |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 1.58 | Social and Economic Factors Ranking | 2018 | ranking | 76 | | | | | |
| 1.55 | People 25+ with a High School Degree or Higher | 2012-2016 | percent | 84.6 | 86.3 | 87.0 | | | Male, Black or African American, Hispanic or Latino, Other, Two or More Races |
| 1.50 | Mean Travel Time to Work | 2012-2016 | minutes | 24.3 | 24.1 | 26.1 | | | |
| 1.48 | Persons with Health Insurance | 2016 | percent | 87.0 | 87.8 | | 100.0 | 92.0 | |
| 1.20 | Single-Parent Households | 2012-2016 | percent | 35.2 | 35.7 | 33.6 | | | |
| 1.20 | Social Associations | 2015 | membership associations/10,000 population | 13.0 | 11.5 | 9.3 | | | |
| 1.18 | Mortgaged Owners Median Monthly Household Costs | 2012-2016 | dollars | 1190 | 1243 | 1491 | | | |
| 1.10 | Linguistic Isolation | 2012-2016 | percent | 1.9 | 2.5 | 4.5 | | | |
| 1.10 | Voter Turnout: Presidential Election | 2016 | percent | 72.1 | 67.7 | | | | |
| 1.05 | Children Living Below Poverty Level | 2012-2016 | percent | 22.0 | 23.9 | 21.2 | | | Black or African American |
| 0.88 | Median Household Gross Rent | 2012-2016 | dollars | 652 | 816 | 949 | | | |
| 0.60 | Young Children Living Below Poverty Level | 2012-2016 | percent | 23.4 | 27.3 | 23.6 | | | Black or African American |

| SCORE | SUBSTANCE ABUSE | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.25 | Liquor Store Density | 2015 | stores/100,000 population | 12.6 | 5.8 | 10.5 | | | |
| 1.95 | Adults who Smoke | 2016 | percent | 18.0 | 17.9 | 17.0 | 12.0 | 13.0 | |
| 1.90 | Death Rate due to Drug Poisoning | 2014-2016 | deaths/100,000 population | 18.2 | 16.2 | 16.9 | | | |
| 1.70 | Alcohol-Impaired Driving Deaths | 2012-2016 | percent | 30.4 | 31.4 | 29.3 | | 4.7 | |
| 1.58 | Health Behaviors Ranking | 2018 | ranking | 59 | | | | | |
| 0.90 | Adults who Drink Excessively | 2016 | percent | 15.6 | 16.7 | 18.0 | 25.4 | | |

| SCORE | TRANSPORTATION | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.55 | Workers who Drive Alone to Work | 2012-2016 | percent | 86.8 | 81.1 | 76.4 | | | American Indian or Alaska Native, Asian |
| 2.35 | Workers Commuting by Public Transportation | 2012-2016 | percent | 0.1 | 1.1 | 5.1 | 5.5 | | |
| 2.35 | Workers who Walk to Work | 2012-2016 | percent | 1.5 | 1.8 | 2.8 | 3.1 | | 65+ |
| 1.75 | Solo Drivers with a Long Commute | 2012-2016 | percent | 33.6 | 31.3 | 34.7 | | | |
| 1.65 | Households with No Car and Low Access to a Grocery Store | 2015 | percent | 3.9 | | | | | |
| 1.50 | Mean Travel Time to Work | 2012-2016 | minutes | 24.3 | 24.1 | 26.1 | | | |
| 1.35 | Households without a Vehicle | 2012-2016 | percent | 7.4 | 6.3 | 9.0 | | | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

| SCORE | WELLNESS & LIFESTYLE | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.10 | Self-Reported General Health Assessment: Poor or Fair | 2016 | percent | 18.7 | 17.6 | 16.0 | | 9.9 | |
| 1.95 | Life Expectancy for Males | 2014 | years | 73.6 | 75.4 | 76.7 | | 79.5 | |
| 1.95 | Poor Physical Health: Average Number of Days | 2016 | days | 3.9 | 3.6 | 3.7 | | | |
| 1.75 | Life Expectancy for Females | 2014 | years | 79.1 | 80.2 | 81.5 | | 79.5 | |
| 1.58 | Morbidity Ranking | 2018 | ranking | 60 | | | | | |
| 1.35 | Frequent Physical Distress | 2016 | percent | 12.3 | 11.3 | 15.0 | | | |
| 1.05 | Insufficient Sleep | 2016 | percent | 31.5 | 33.8 | 38.0 | | | |

| SCORE | WOMEN'S HEALTH | MEASUREMENT PERIOD | UNITS | BEAUFORT COUNTY | NORTH CAROLINA | U.S. | HP2020 | HEALTHY NC 2020 | HIGH DISPARITY |
|---|---|---|---|---|---|---|---|---|---|
| 2.40 | Age-Adjusted Death Rate due to Breast Cancer | 2010-2014 | deaths/ 100,000 females | 23.7 | 21.6 | 21.2 | 20.7 | | |
| 2.40 | Ovarian Cancer Incidence Rate | 2010-2014 | cases/ 100,000 females | 13.0 | 10.9 | 11.4 | | | |
| 1.75 | Life Expectancy for Females | 2014 | years | 79.1 | 80.2 | 81.5 | | 79.5 | |
| 1.55 | Breast Cancer Incidence Rate | 2010-2014 | cases/ 100,000 females | 128.6 | 129.4 | 123.5 | | | |
| 1.40 | Domestic Violence Deaths | 2016 | number | 0 | | | | | |
| 0.65 | Mammography Screening: Medicare Population | 2014 | percent | 72.9 | 67.9 | 63.1 | | | |

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

# Sources

Table 30 displays the list of sources used in secondary data.

**Table 30. Secondary Data Sources**

| Source |
|---|
| American Community Survey |
| Centers for Disease Control and Prevention |
| Centers for Medicare & Medicaid Services |
| County Health Rankings |
| Feeding America |
| Injury Free NC and the Department of Health and Human Services |
| Institute for Health Metrics and Evaluation |
| National Cancer Institute |
| National Center for Education Statistics |
| National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention |
| North Carolina Department of Health and Human Services |
| North Carolina Department of Health and Human Services, Communicable Disease Branch |
| North Carolina Department of Justice |
| North Carolina Department of Public Instruction |
| North Carolina Department of Public Safety |
| North Carolina Injury and Violence Prevention Branch |
| North Carolina State Board of Elections |
| North Carolina State Center for Health Statistics |
| North Carolina State Center for Health Statistics, Vital Statistics |
| Small Area Health Insurance Estimates |
| The Dartmouth Atlas of Health Care |
| U.S. Bureau of Labor Statistics |
| U.S. Census - County Business Patterns |
| U.S. Census Bureau – Fact Finder |
| U.S. Department of Agriculture - Food Environment Atlas |
| U.S. Environmental Protection Agency |

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# Appendix B. Community Resources

# Primary Care

| Facility: | Contact: | Services: | More Information: |
|---|---|---|---|
| **AGAPE Community Health Clinic FQHC**<br>120 W. Martin Luther King Drive<br>Washington, NC | P: (252) 940-0602<br>F: (252) 940-0605<br>◊ Dr.Ribeiro<br>Dribeiro@agapechc.org<br>◊ Michael McDuffy<br>mmcduffie@agapechc.org<br>◊ Lawrence Doby<br>ldoby@metrocommunityhealth.org | • Primary Care<br>• Dental Health<br>• Mental/Behavioral<br>• Health<br>• Prescription Assistance | • Sliding Fee Scale for Uninsured<br>• Walk-In's Welcome |
| **CEMA**<br>**(Carolina East Medical Associates)**<br>1201 Carolina Avenue<br>Washington, NC | P: (252) 975-1111<br>F: (252) 975-6696<br>Cblount_cema@hotmail.com | • Primary Care<br>• Urgent Care Services<br>• Drug Screenings<br>• DOT Physicals | |
| **Coastal Family Practice**<br>820 W. Main Street<br>Belhaven, NC | P: (252) 943-0056<br>F: (252) 943-2643<br>helene@onealsdrug.com<br>carrie@onealsdrug.com | • Primary Care Home | |
| **Urgent Care Down East**<br>853 West 15th Street<br>Washington, NC | P: (252) 623-2000<br>F:  877-559-4667<br>◊ Rachel & Terry Gardner<br>Rachel.gardner@ucdowneast.com | • Urgent Care Services<br>• Drug Screenings<br>• Workman's Compensation form | |
| **Vidant Family-Aurora**<br>151 3rd Street<br>Aurora, NC | P: (252) 322-4021<br>F: (252) 322-5088<br>john.callahan@vidanthealth.com | • Primary Care<br>• Closed Wednesdays at 12:30 | |
| **Vidant Multispecialty Clinic**<br>598 Old County Road<br>Belhaven, NC | P: (252) 943-0600<br>F: (252) 943-2377<br>karen.steptoe@vidanthealth.com | • Primary Care<br>• Prenatal Care<br>• Urgent Care 24/7<br>• Cardiology<br>• Physical Therapy | • Walk-In's Welcome |
| **Vidant Family-Chocowinity**<br>740 Bragaw Lane<br>Chocowinity, NC | P: (252) 946-9562<br>F: (252) 946-9071<br>jessica.triche@vidanthealth.com | • Primary Care | |

| | | | |
|---|---|---|---|
| **Vidant Family-Washington**<br>501 W. 15th Street<br>Washington, NC | P: (252) 975-2667<br>F: (252) 975-2507<br>vicki.lewis@vidanthealth.com | • Primary Care | |
| **Vidant Internal Medicine**<br>1380 Cowell Farm Rd<br>Washington, NC | P: (252) 946-2101<br>F: (252) 946-9896<br>stacy.brooks@vidanthealth.com | • Primary Care | Referral form:<br>- Adult Specialist Referral form<br>- Pediatric Specialist Referral form |
| **Vidant Pediatrics (Washington Pediatrics)**<br>1206 Brown Street<br>Washington, NC | P: (252) 946-4134<br>F: (252) 946-2432<br>Debbie Ainsworth, MD<br>drainsdl@gmail.com | • Primary Care<br>Pediatrics and Adolescents | New Patient forms:<br>- History Form<br>- Medical Authorization |

# Specialized Health Care:

| | | | |
|---|---|---|---|
| **Beaufort County Public Health Department**<br>1436 Highland Drive<br>Washington, NC | P: (252) 946-1902<br>F: (252) 946-8430<br>bchealth@bchd.net | • Prenatal Care<br>• Family Planning Services & Contraceptive<br>• Breast & Cervical Cancer Control Program<br>• TB Screenings<br>• Flu Immunizations<br>• Healthy Living Clinic<br>• STD Screenings & Treatment<br>• Childhood & Adult Immunizations<br>• Diabetes Self-Management<br>• Nutrition Counseling<br>• Diabetes Prevention Program<br>• Tobacco Counseling | • Sliding Fee Scale for Uninsured<br>• Some Programs You Must Qualify For (Call For More Information) |
| **Vidant OBGYN**<br>1210 Brown Street<br>Washington, NC | P: (252) 975-1188<br>F: (252) 975-3800<br>bonnie.corley@vidanthealth.com | • Prenatal Care<br>• Women's Health | • Medicaid and Privately Insured Clients<br>Referral form:<br>- Adult Specialist Referral form<br>- Pediatric Specialist Referral form |

| | | | |
|---|---|---|---|
| **Vidant Urology**<br>1202 Brown Street<br>Washington, NC | P: (252) 946-0136<br>F: (252) 946-0189<br>Dr. Michael B. Crawford<br>P85328@vidanthealth.com | • Urology | Referral form:<br>- Adult Specialist Referral form<br>- Pediatric Specialist Referral form |
| **Vidant Women's Care**<br>1204 Brown Street<br>Washington, NC | P: (252) 946-6544<br>F: (252) 975-6540<br>Judith Smithwick<br>Judith.smithwick@vidanthealth.com | • Primary Care for Women<br>• Women's Health<br>• Gynecology | • Medicaid and Privately Insured Clients<br>Referral form:<br>- Adult Specialist Referral form<br>- Pediatric Specialist Referral form |
| **ECU Adult Specialty Care**<br>2390 Hemby Lane<br>Greenville, NC 27834 | P: (252) 744-4500<br>F: (252) 744-5713 | • Treatment of Infectious Disease (Flu, Lyme Disease, HIV and AIDS, and sexually transmitted diseases)<br>• Viral Infections including West Nile and others<br>• Tuberculosis<br>• Fevers and parasitic infections<br>• Malaria<br>• Treatment of antibiotic resistant diseases (MRSA & other forms of staph infections) | • Mychart accounts |

# Behavioral Health:

| | | | |
|---|---|---|---|
| **Center for Family Violence Prevention**<br>150 E. Arlington Blvd<br>Greenville, NC | P: (252) 758-4400 | • Specialized classes (Anger Management, Domestic Violence 101)<br>• Court Advocacy<br>• Family Services<br>• SafeHouse<br>• Counseling for Domestic Violence Victims and Families (individual and group counseling) | |

| | | | |
|---|---|---|---|
| **DREAM**<br>1255 Highland Drive<br>Washington, NC | P: (252) 946-0585<br>Emergency: (252) 402-3293<br>F: (252) 946-0580 | • Comprehensive Clinical Assessment<br>• Individual, Marriage, and Family Therapy<br>• Substance Abuse Services<br>• Medication Management<br>• DWI Services<br>• Community Support Team-Adults<br>• Intensive In-Home Services-Child/Adolescents<br>• Day Treatment-Child/Adolescents<br>• Triple P Positive Parenting | • Spanish Interpreter Available<br>• Sliding Fee Scale for Uninsured |
| **Integrated Family Services**<br>2269 Statonsburg Rd<br>Greenville, NC | P: (252) 439-0700<br>Crisis: 1-866-437-1821<br>F: (252) 439-0900 | • Mobile Crisis Management<br>• Psychiatric Services<br>• Intensive In-Home Services<br>• Therapeutic Foster Care<br>• Mental Health<br>• Evaluations | • Programs to assist uninsured clients |
| **LifeQuest, Inc.**<br>230 E. 8th Street<br>Washington, NC | P: (252) 975-8080<br>F: (252) 975-8055 | • Outpatient Enhanced Services<br>• Psychosocial Rehabilitation | |
| **Michael Doughtie Child & Family Services**<br>211 N. Market St.<br>Washington, NC | P: (252) 714-3201<br>F: (252) 355-2358 | • Anxiety/Phobias, Depression ADHD, Conduct Disorders,<br>• Developmental Behavioral Pediatrics<br>• Eating Disorders, OCD PTSD<br>• Sex Offender Therapy<br>• Sexual & Gender Identity Disorders | • Walk-In's Welcome |

| | | | |
|---|---|---|---|
| **New Hope Counseling Services**<br>122 S. Harvey St<br>Washington, NC | P: (252) 833-4047<br>F: (252) 833- 4048 | • Bipolar Disorder<br>• Anxiety/Phobias, Depression<br>• Attachment Disorders<br>• PTSD | • Sliding Fee Scale for Uninsured |
| **Pamlico Counseling**<br>408 E. 11th Street<br>Washington, NC | P: (252) 975-2027<br>F: (252) 975-3483 | • Anxiety/Phobias, Depression<br>• ADHD<br>• Bipolar Disorder<br>• Eating Disorders, OCD<br>• Personality Disorders<br>• PTSD | • Sliding Fee Scale for Uninsured |
| **Passages Counseling Services**<br>131 North Market Street<br>Washington, NC | P: (252) 975-3111<br>F: (252) 975-3035 | • Abuse Recovery<br>• Drug/Alcohol Addiction, Substance Abuse<br>• Marriage Counseling<br>• Depression/Anxiety | |
| **PORT Human Services**<br>1379 Cowell Farm Rd<br>Washington, NC | P: (252) 975-8852<br>F: (252) 975-8887 | • Criminal Justice/Court Ordered Services<br>• Psychosocial<br>• Rehabilitation Program<br>• Community Intervention Center | |
| **Real Crisis Intervention**<br>1011 Anderson Street<br>Greenville, NC | P: (252) 758-4357<br>F: (252) 758-0455 | • 24-hour Counseling and Referrals | |

| | | | |
|---|---|---|---|
| **The Salvation Army**<br>112 East 7<sup>th</sup> Street<br>Washington, NC<br><br>1035 Director Court<br>Greenville, NC<br><br>2337 Dickinson Ave<br>Greenville, NC<br><br>1913 East Fire Tower Rd<br>Greenville, NC | P: (252) 215-9011<br><br><br>P: (252) 946-5373<br><br><br>P: (252) 946-2523<br><br><br>P: (252) 756-0043 | • Individual, child, family, marriage therapy<br>• School-based therapy (K-12)<br>• Anger Management, medication management ADHD testing, IQ testing<br>• Sexual & Gender Identity Disorders<br>• Wellness services for weight loss, acupuncture<br>• Eating Disorders, OCD<br>• Sleep enhancement therapy, therapeutic massage<br>• Acupuncture | • Sliding Fee Scale for Uninsured<br>• Open from 8am-5pm |
| **Trillium**<br>1308 Highland Drive<br>Washington, NC | P: (252) 946-3666<br>Emergency: 1-877-685-2415<br>F: (252) 974-5499 | • Care Coordination<br>• Mental Health and Substance Abuse Counseling | • Inpatient & Outpatient |

# Other Healthcare:

| | | | |
|---|---|---|---|
| **Speech Language Pathologist**<br>Beaufort County Schools<br>321 Smaw Rd<br>Washington, NC<br>Mary Ann Cutler-SLP | P: (252) 943-6545 | • Speaking/speech problem assistance | • School aged children (3 years) |

# Emergency Needs:

| | | | |
|---|---|---|---|
| **American Red Cross**<br>135 N. Market Street<br>Washington, NC | P:  (252) 946-4110<br>or<br>1-800-RED CROSS | • Immediate One-Time Assistance for fire/disaster victims<br>• Army Emergency Relief | |

| | | |
|---|---|---|
| **Salvation Army**<br>112 East 7th Street<br>Washington, NC<br><br>1035 Director Court<br>Greenville, NC<br><br>2337 Dickinson Ave<br>Greenville, NC<br><br>1913 East Fire Tower<br>Road<br>Greenville, NC | P: (252) 215-9011<br><br>P: (252) 946-5373<br><br>P: (252) 946-2523<br><br>P: (252) 756-0043 | • Emergency<br>Assistance: Food,<br>rent, clothing,<br>utilities, fire/disaster<br>victims<br>• Thrift Store<br>• Food and Toy<br>assistance at<br>Christmas |
| **United Way**<br>113   East 15th Street<br>Washington, NC | P: (252) 975-6209<br>slove@unitewaybc.net | • Emergency<br>Assistance:<br>fire/disaster victims<br>• GED prep<br>• Housing<br>• Cooking classes<br>• Prescriptions,<br>transportations for<br>mentally ill<br>• Weekend meals for<br>kids<br>• Tax advice<br>• Adult literacy<br>• After school camps<br>• Fitness classes for<br>seniors |

# Food Assistance:

| | | | |
|---|---|---|---|
| **Beaufort County**<br>**Dept. Social Services**<br>632 W. 5th Street<br>Washington, NC | P: (252) 975-5500<br>F: (252) 975-5555 | • SNAP (Food Stamps)<br>• Congregate & Home<br>Delivered Meals<br>• Crisis Intervention<br>Program<br>(heating/cooling)<br>• APS, CPS<br>• Medical<br>Transportation | ← Must Qualify<br>← Must Qualify<br><br>← Must Qualify |

| | | | |
|---|---|---|---|
| **WIC Program**<br>Beaufort County Health Department<br>1436 Highland Drive<br>Washington, NC | P: (252) 946-9705<br>F: (252) 946-8430<br>Lynn House<br>Lynn.house@bchd.net | • Nutrition Education for pregnant women and children ages 0-5<br>• Provides ecards to assist with food, baby food, formula<br>• Breastfeeding Peer Counselor | ← Must Qualify<br><br>← Must Qualify<br><br><br>← If on WIC |

# Food Banks:

| | | | |
|---|---|---|---|
| **1st Church of Christ**<br>520 E. 10th Street<br>Washington, NC | P: (252) 946-5236 | • Food Distributions 2nd Sat each month (11am-12:30pm) | • Each person/family can only be served once a month |
| **Athen's Chapel Church of Christ**<br>35 Della Wallace Rd<br>Bath, NC | P: (252) 927-5401 | • Food Distributions 1st Sat each month (10:00Am-12noon) | • Each person/family can only be served once a month |
| **Eagles Wings Haw Branch Mobile Food Pantry**<br>1501 Haw Branch Rd<br>Chocowinity, NC | P: (252) 946-5083 | • Food Distributions 4th Sat each month (11:45am-12:25pm) | |
| **Deeper Life Ministries**<br>4470 Hwy 264 W.<br>Washington, NC | P: (252) 946-4400 | • Food Distributions every Wed (9:00-11:00am) | • One box per month |
| **Eagle's Wings Food Pantry**<br>932 W. 3rd Street<br>Washington, NC | P: (252) 975-1138 | • Emergency Food Services (1st Saturday 9-11am)<br>• Food Distributions on Tues AM (Other than 5th) 9am-11:30am and 2pm-4:30pm<br>• Home Bound Food Deliveries<br>• 1st Thursday-Edward Christian Church 10am-Noon.<br>• 2nd Thursday-Mallard Creek Apts. 10a-noon<br>• 4th Thursday-Aurora UMC 10am-Noon | • Each person/family can only be served once a month<br>• Must Qualify, Interview Required<br>• Medically Fragile Individuals |

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| **ISAIAH 58 Food Pantry**<br>Harvest Church<br>2020 15th Street<br>Washington, NC | P: (252) 833-4894 | • Food Distributions 3rd Sat each month | • Basic ID and utility bill for address verification |
| **Macedonia Church of Christ**<br>1678 Swamp Rd<br>Pantego, NC | P: (252) 943-2195 | • Food Distributions 3rd Wed each month (9:00-1:30pm) | • Basic ID required |
| **Martha's Project**<br>1014 US Hwy 264 Bypass<br>Belhaven, NC | P: (252) 943-2124 | • Food Distribution 4th Fri each month 8am-11am<br>• Clothing and Household Items | |
| **Mt. Gilead Outreach Food Bank**<br>223 W. Main Street<br>Belhaven, NC | | • Food Distribution Fridays 12-2pm<br>• Heating Assistance | |
| **Refugee Tower Church Food Pantry**<br>611 E. 6th Street<br>Washington, NC | P: (252) 362-1294 | • Holiday programs<br>• Winter coats<br>• Small toys for children<br>• Food Distribution every Thurs. and Fri (12:00-5:00pm) | |
| **St. John's Church of Christ**<br>2240 St. John Church Rd.<br>Washington, NC | P: (252) 975-3700 | • Food Distribution 4th Sat each month | |
| **St. Vincent de Paul Pantry**<br>Mother of Mercy Catholic Church<br>114 W. 9th Street<br>Washington, NC | P: (252) 946-2941 | • Food Distributions each Wed (10-11am)<br>• Assistance with medication, rent, utilities | • Basic ID required<br>• Interview required for assistance |

# Soup Kitchens:

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|---|---|---|
| **Maranatha 7th day Adventist Soup Kitchen**<br>501 E. 6th Street<br>Washington, NC | P: (252) 975-1138 | • Soup Kitchen every Saturday 1:30pm |

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| **Zion Shelter and Soup Kitchen**<br>114 W. Martin Luther King Drive<br>Washington, NC | P: (252) 975-1978 | • Soup Kitchen M-F (11-11:30am) | |

# Other Assistance:

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|---|---|---|---|
| **House of Hope**<br>15th Street Church of God<br>336 E. 15th Street<br>Washington, NC | P: (252) 946-7771 | • Clothing Ministry Tues only, 9-12pm | |
| **Tideland EMC**<br>PO Box 159<br>Pantego, NC 27860<br>Corporate Office<br>25831 Hwy 264 East<br>www.tidelandemc.com | P: 1-800-637-1079<br>P: (252) 943-3046<br>P: (252) 944-2400<br>F: (252) 943-3510<br>mailroom@tidelandemc.com | • Utility Assistance<br>• 24-hour outage reporting 800-882-1001 or 252-944-2400 Beaufort County.<br>• 24-hour member service 252-943-3046. | • Must Qualify |

# Shelters:

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|---|---|---|---|
| **The Anchor House-Restore One**<br>PO Box 3278<br>Ayden, NC<br>Human Trafficking<br>info@restoreonelife.org | P: (252) 746-0302<br>Hotline:<br>1-888-3737-888<br>F: (252) 751-0414 | • Shelter for male victims of sex trafficking age 12-18yo<br>• Mon-Friday 9am-6pm<br>Saturday 10am-7pm | • Males 12-18 years old |
| **Beaufort, Martin, Bertie Shelter Home NC**<br>1081 Nai Radial Lane<br>Williamston, NC<br>(Call for Locations) | P: (252) 792-1883<br>Pamela Moore-Hardison (Director) | • Shelter for 6 boys and 5 girls ages 7-17 (for 90 days) | • Children 7-17 years old |
| **Coastal Women's Shelter**<br>1333 S.Glenburnie Road<br>New Bern, NC | P: (252) 638-4509 | • Women's Domestic<br>• Violence Shelter<br>• Court Advocacy<br>• DV Counseling<br>• Support Groups | • Women and children |

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|---|---|---|---|
| **Community Crossroads Center**<br>207 Manhattan Ave<br>Greenville, NC | P: (252) 752-0829<br>F: (252) 752-4366<br>ed@greenvillecommunityshelter.org<br>cyoung@greenvillecommunityshelter.org | • Housing men, women, families; Take-In 6-8pm<br>• Stable Solutions Program<br>• Shelter Plus Program<br>• Solid Ground Program<br>• Open Mondays: 12am-12pm; 6pm-8am<br>• Open Tues-Sat 6pm-8am and Sun 6pm-12am | • Must prove homelessness<br><br>• Must have ID |
| **Open Door Community Center**<br>1240 Cowell Farm Road<br>Washington, NC 27889 | P: (252) 623 - 2150 | • Safe housing | • Women & Children |
| **Religious Community Services**<br>919 George Street<br>New Bern, NC  28560 | P: (252) 633-2767 | • Housing men, women, families<br>• Financial services, RXs<br>• Rent and Utility<br>• Food and Clothing<br>• Transportation<br>• Open Mon-Sat- 8am-1pm | |
| **Ruth's House Domestic Violence Shelter**<br>228 West Main Street<br>Washington, NC  27889 | Help Line:<br>(252) 940-0007<br><br>F: (252) 946-0709 | • Women's Domestic<br>• Violence Shelter<br>• DV Counseling<br>• Court Advocacy<br>• Community Education and Outreach | • Women and children |
| **Safe Harbor Domestic Violence Shelter**<br>Greenville, NC<br>info@safeharborhope.org | P: 801-444-9161<br>P: 385-515-4044<br>P: 864-467-1177   Help Line:<br>1-800-291-2139 | • Women's Domestic<br>• Violence Shelter<br>• Dating Violence<br>• Education Program<br>• Transitional Housing<br>• Order of Protection Assistance<br>• Community Education and Outreach | • Women and children |

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|---|---|---|---|
| **Zion Shelter**<br>114 W. Martin Luther King Drive<br>Washington, NC | P: (252) 975-1978 | • Men's Shelter, Take-In 9:30-11:00pm | • Men Only |

# Housing Assistance:

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|---|---|---|---|
| **Martin County Community Action INC**<br>689 Flanders Filter Road<br>Washington Square Mall<br>Washington, NC | P: (252) 974-2959<br>P: (252) 946-5632<br>P: (252) 792-7162 | • Assist with weatherization and home repairs<br>• Low Income housing assistance<br>• Open Mon-Sat-10am-9pm; Sun-1pm-6pm | • Must Qualify |
| **Mid-East Commission**<br>1502 North Market St<br>Suite A<br>Washington, NC | P: (252) 946-8043<br>F: (252) 946-5489 | • Low Income housing assistance<br>• Section 8 | • Must Qualify |
| **Washington Housing Authority**<br>809 Pennsylvania Ave<br>Washington, NC | P: (252) 946-0061<br>F: (252) 975-1279 | • Low Income housing assistance<br>• Section 8<br>• Family Self-Sufficiency Program<br>• Homeownership Program<br>• Open Mon-Fri-8:30-5pm; closed 12N-1pm for lunch | • Must Qualify |

# Employment Assistance:

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|---|---|---|---|
| **Beaufort County NC Works Career Center**<br>1502 North Market St<br>Suite A<br>Washington, NC<br>www.ncworks.gov | P: 800-799-9194<br>P: (252) 940-0900<br>P: (252) 946-3116<br>F: (252) 946-8700 | • Job Training Partnership Act<br>• Welfare to Work, Employment and Training<br>• Grant Job training, educational assistance, employment opportunities | |

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|---|---|---|---|
| **Blind Center/Division of Services for the Blind**<br>219 N. Harvey Street<br>Washington, NC | P: (252) 946-6208<br>F: (252) 946-6208 | • Vocational Rehabilitation and job placement for visually impaired<br>• Teach independent living skills to visually impaired | • Visual Impairment |
| **Tesi Staffing & Employee Services (Blue Arbor)**<br>731 W. 15th Street<br>Washington Square Mall<br>Washington, NC<br>www.bluearbor.com | P: (252) 946-1588 | • Staffing Agency<br>• Employee Services | |
| **Employment Security Commission**<br>3101 Bismarck St<br>Greenville, NC | P: (252) 355-9067<br>F: (252) 355-9075 | • Job Search and Development | |
| **Executive Personnel Group**<br>1604 Carolina Ave #100<br>Washington, NC<br>www.executivepersonnelgroup.com | P: (252) 946-7119<br>F: (252) 946-9856 | • Staffing Agency | |
| **Martin County Community Action INC**<br>689 Flanders Filter Rd<br>Washington Square Mall<br>Washington, NC | P: (252) 974-2959<br>P: (252) 946-5632<br>P: (252) 792-7162 | • Addresses needs for disabled, elderly, and low income<br>• Job Counseling<br>• Open Mon-Sat-10am-9pm; Sun-1pm-6pm | |
| **Mega Force Staffing**<br>2001 W.15th Street<br>Washington, NC<br>www.megaforce.com | P: (252) 975-3150 | • Staffing Agency | |
| **Professional Staffing Solutions**<br>2289 W. 5th Street,<br>Suite 200<br>Washington, NC<br>www.prostaffingsolutions.com | P: (252) 940-0070 | • Staffing Agency | |

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|---|---|---|---|
| **Vocational Rehabilitation**<br>953 Washington Street<br>Washington, NC  27889 | P: (252) 946-0051<br>F: (252) 946-4995<br>Angie.howlett@dhhs.nc.gov | • Disability and vocational assessment<br>• Employment Training and Placement<br>• Counseling<br>• Can Assist with medical expenses | • Prior Authorization |

# Education Opportunities/Assistance:

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|---|---|---|
| **Beaufort County Community College**<br>5337 US Hwy 264 E.<br>Washington, NC 27889 | P: (252) 946-6194<br>F: (252) 940-6414 | • Offers various programs.<br>• Basic skills, job readiness, job skills training<br>• GED |
| **Beaufort County Cooperative Extension**<br>155 A Airport Road<br>Washington, NC | P: (252) 946-0111<br>F: (252) 975-5887<br>Louise Hensley | • Consumer shopping skills<br>• Budgeting Meal Planning<br>• Family Record Keeping<br>• Conservation Practices |
| **Beaufort County Public Health Department**<br>1436 Highland Drive<br>Washington, NC | P: (252) 946-1902<br>F: (252) 946-8430 | • Diabetes Prevention Program<br>• Diabetes Self-Management Classes<br>• Miscellaneous Classes and Presentations<br>• Nutritional Counseling<br>• Hepatitis C, HIV, and Syphilis Testing |
| **Family Resource Center**<br>Mother of Mercy Catholic Church<br>112 W. 9th Street<br>Washington, NC | P: (252) 946-2941 (ext.2) | • Educational and Job programs<br>• Food pantry<br>• Financial Assistance<br>• Open Mon-Fri 9am-1pm |

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|---|---|---|---|
| **Literacy Volunteers of Beaufort County** <br> 113 E. 15th Street <br> Washington, NC 27889 | P: (252) 974-1812 | • Free, confidential, 1-on-2 tutoring sessions <br> • Help prepare for GED, ASVAB, NC drivers License, US Citizenship test <br> • U.S. citizenship <br> • Open Mon-Thurs 9am-1pm <br> • Read/feed summer programs | • Illegal Adults <br> • Anyone |
| **Purpose of God Annex** <br> 1015 E. 6th Street <br> Washington, NC | P: (252) 974-1484 | • GED Assistance <br> • Employment Skills and Job Preparedness <br> • On-The-Job Training ages 18-55yo <br> • Open Mon-Fri- 9am-5pm | |
| **St. John's Church of Christ** <br> 2240 St. John Church Rd. <br> Washington, NC | P: (252) 975-3700 | • Budgeting & Finance | |

# Transportation:

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|---|---|---|---|
| **Beaufort Area Transit (BATS)** <br> 1534 W. 5th Street <br> Washington, NC | P: (252) 946-5778 <br> F: (252) 946-0010 | • Human services and general transportation <br> • Medicaid <br> • Open Mon-Fri -7am-5pm | • Fares based on distance traveled. <br> • Requires 24hr notice. |

# Phone Assistance:

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|---|---|---|---|
| **Assurance Wireless** | P: 1-888-321-5880 | • 2GB Data per month & unlimited texts & 350 Voice minutes | • Must Qualify |

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|---|---|---|---|
| **SafeLink Wireless Cell Phones**<br>www.safelinkwireless.com | P: 1-800-723-3546 | • Government's Lifeline support program<br>• Enrollment: Mon-Sat-8am-10pm; Sun-8am-7pm | • One per household |

# Childcare Assistance:

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|---|---|---|---|
| **Beaufort County Community College**<br>5337 US Hwy 264 E.<br>Washington, NC | P: (252) 946-6194<br>F: (252) 940-6414 | • Childcare Assistance for Students | • Must Qualify |
| **Beaufort County DSS**<br>632 W. 5th Street<br>Washington, NC | P: (252) 975-5500<br>F: (252) 975-5555 | • Childcare Assistance Program<br>• Adult Protective Services<br>• Child Protective Services<br>• Transportation<br>• SNAP (Food Stamps)<br>• Foster Care | • Must Qualify |
| **Beaufort/Hyde Partnership For Children**<br>979 Washington Sq. Mall<br>Washington, NC | P: (252) 975-4647<br>F: (252) 975-4722 | • Childcare Referral Specialist to help assure quality childcare | |

# After School/Summer Programs:

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|---|---|---|---|
| **Adventure Zone Kids**<br>Washington Assembly Of God<br>2029 W 5th Street<br>Washington, NC | P: (252) 946-6619<br>Tommi Bridgeman | • Summer Enrichment Program | • School aged children |
| **Boys & Girl Club of Beaufort**<br>1089 N. Bridge Street<br>PO Box 2331<br>Washington, NC | P: (252) 833-0600<br>P: 844-440-2717<br>(Ext. 8320) | • After School Program<br>• Summer Program | |

| | | | |
|---|---|---|---|
| **John Cotton Tayloe Elementary School**<br>910 Tarboro Street<br>Washington, NC | 252-946-3350<br>Patricia Tyson<br>ptyson@beaufort.k12.nc.us | • After School Program<br>• Summer Enrichment Program | • School aged children |
| **Purpose of God Annex**<br>1015 E. 6th Street<br>Washington, NC | P: (252) 974-1484 | • After School Program<br>• Homebound Student Program<br>• Summer Program | • Students ages 6-15 years old |
| **Unity Christian Academy**<br>1501 Haw Branch Rd<br>Chocowinity, NC | P: (252) 946-5083 | • After School Program<br>• Summer Enrichment Program | |

# Parenting Support:

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|---|---|---|---|
| **Beaufort County Public Health Department**<br>1436 Highland Drive<br>Washington, NC | P: (252) 946-1902<br>F: (252) 946-8430 | • WIC Services<br>• Care Coordination For Children<br>• Pregnancy Care Management<br>• Breastfeeding Peer Counselor<br>• Car Seat Installations and Inspections<br>• Childhood Immunizations<br>• Healthy Beginnings Program<br>• Safe Sleep Program | ← Must Qualify<br>← Medicaid Clients<br><br>← Medicaid Clients<br><br>← WIC Clients |
| **Beaufort/Hyde Partnership For Children**<br>979 Washington Sq. Mall<br>Washington, NC | P: (252) 975-4647<br>F: (252) 975-4722 | • Car Seat Installations and Inspections<br>• Pre-K Screenings<br>• Parents as Teachers Program<br>• FREE Playgroups in Belhaven, Pinetown, Aurora, and Washington<br>• Lending Library<br>• Toys For Tots Intake | ← Must Qualify<br><br><br>← Ages 2-5<br><br>← Must Qualify |

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|---|---|---|---|
| **BMH Regional Library**<br>158 N. Market Street<br>Washington, NC | P: (252) 946-6401 | • Playgroup<br>• Tutoring | • Hours: Mon, Wed, Fri 9am-5pm |
| **Children's Home Society**<br>920 Woodbridge Park Rd<br>Greenville, NC<br>www.chsnc.org | P: 800-862-3978<br>P: 800-632-1400 | • Adoption Services<br>• Foster Care | |
| **Coastal Pregnancy Center**<br>1312 John Small Ave<br>Washington, NC | P: (252) 946-8040<br>F: (252) 833-0555<br>Susie Rollins | • Free Pregnancy Tests<br>• Counseling & Supportive Services<br>• Parenting Classes, Baby Items<br>• Adoption Referrals | • No specific referral form |
| **Cornerstone Family Worship Center**<br>1918 W. 5th Street<br>Washington, NC | P: (252) 946-6109 | • Family Understanding Nurturing Program<br>• Dinner is served, transportation provided | • Preschool, pre-adolescents, & adolescents |
| **Family Connects**<br>198 NC HWY 45 N<br>Plymouth, NC | P: (252) 793-1806<br>1-844-508-3971 | • Specialized Registered Nurse provides no-cost postpartum and newborn home visits (including breastfeeding) | • Serves all residents of Beaufort, Hyde, Bertie, and Chowan |
| **Family Resource Center**<br>Mother of Mercy Catholic Church<br>114 W. 9th Street<br>Washington, NC | P: (252) 946-2941 | | |
| **Higher Heights Human Services**<br>1735 Highland Drive<br>Washington, NC | P: (252) 402-2950<br>Janae Johnson | • Prenatal support<br>• Support Group, Job Training | • Teen moms |
| **Hopeful Beginnings**<br>Vidant Medical Center<br>Greenville, NC | P: (252) 847-4819 | • Support Group helps postpartum mothers cope | • Up to 1 year after delivery |

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| **Purpose of God Annex**<br>1015 E. 6th Street<br>Washington, NC | P: (252) 974-1484 | • Tuff Luv Camp<br>• Project New Hope<br>• Advocacy Services | • For students facing suspension<br>• For adults with criminal backgrounds |

# Mentorship:

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|---|---|---|---|
| **Beaufort County Police Activities League (PALs) Pamlico Pals**<br>310 W. Main Street<br>Peterson Building<br>Suite 2020<br>Washington, NC | P: (252) 946-0185<br>P: (252) 923-9482<br>Shont'e Mason | • Governor's 1-on-1 volunteer program<br>• Interpersonal skill building program | • Matches troubled youth with mentors<br>• Ages 7-17<br>• Youth Referral Form |
| **Purpose of God Annex Outreach Center**<br>1015 E. 6th Street<br>Washington, NC | P: (252) 974-1484 | • Project New Hope<br>• Advocacy Services | • For men with criminal backgrounds |

# Support Groups:

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|---|---|---|---|
| **Alcoholics Anonymous of Northeastern NC**<br>101 N.Bonner St.<br>Washington, NC<br><br>182 NC 33W<br>Chocowinity, NC<br>**Different Locations based on City/County*** | | • Open Big Book Study-Thursday 8pm | |
| **Belhaven- Sidney Fellowship Group**<br>Freewill Baptist Church<br>5580 Sidney Rd,<br>Belhaven | P: (252) 964-4402 | | |

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|---|---|---|---|
| **Belhaven- Easy Does It Group**<br>White Plains Church Ministry<br>718 Pine St, Belhaven | P: (252) 943-3619 | • Open Speaker-Saturday 8pm | |
| **Celebrate Recovery**<br>Harvest Church<br>2020 West 15th Street<br>Washington, NC | P: (252) 833-4894 | • Addiction support group<br>• Open Thursdays 6:30pam-8:30Pm with Dinner at 5:45pm-small donation appreciated | • Any kind of addiction (Chemical, co-dependency, over eating grief, gambling, shopping, etc.) |
| **Chocowinity-Grateful Group**<br>Trinity Episcopal Church<br>182 NC Hwy  33 East<br>Chocowinity, NC | P: (252) 946-9958 | • Open Speaker- Friday 8pm | |
| **Diabetes Support Group**<br>Grace Martin Harwell Senior Center<br>310 W. Main Street<br>Washington, NC | P: (252)-975-9368 | | • 55 years or older |
| **Down East Area of Narcotics Anonymous - Keep It Simple**<br>Westbrooke Housing Authority<br>100 Manual Drive<br>Washington, NC | P: (252) 975-6113 | • Sundays 8pm | |
| **Washington-Beaufort County Group**<br>Westbrooke Housing Authority<br>703 River Road<br>Washington, NC | P: (252) 975-6113 | • Open Speaker- Monday 8pm<br>• Closed Discussion- Tuesday Noon<br>• Living Sober Discussion- Wednesday 6pm<br>• Open Speaker- Saturday Noon<br>• Beginners Discussion- Sunday 3pm | |

# Legal Aid:

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|---|---|---|---|
| **Legal Aid NC**<br>301 Evans Street #102<br>Greenville, NC | P: (252) 758-0113<br>F: (252) 758-1843 | • Free legal assistance in areas of civil law,<br>• Involving basic human needs like safety, shelter, income etc. | • Low Income |

# Community Alcohol Anonymous Meetings

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| **Ahoskie**<br>*Turning Point Group*<br>St. Thomas Episcopal Church<br>424 Church St. W., Ahoskie | Thursday @ 8:00pm |
| **Chocowinity**<br>*Grateful Group*<br>Trinity Episcopal Church<br>182 NC 33 W., Chocowinity | Friday @ 7:00pm |
| **Coinjock**<br>*Coinjock Principles Group*<br>Coinjock Baptist Church<br>193 Worth Guard Rd., Coinjock | Saturday @ 9:00am |
| **Columbia**<br>*Tyrrell County Group*<br>Wesley Memorial Methodist Church<br>508 Main St., Columbia | Monday @ 7:00pm<br>Thursday @ 8:00pm |
| **Edenton**<br>*Edenton/Chowan Group*<br>Edenton United Methodist Church<br>225 Virginia Rd., Edenton | Monday & Wednesday @ 8:00pm<br>Tuesday & Thursday @ Noon<br>Friday @ 12:30pm<br>Saturday @ 10:00 am |
| *Log Cabin Group*<br>202 Bandon Rd., Edenton | Tuesday @ 8:00pm |

## Elizabeth City

*Brown Bag Group*
Serenity House
300 E. Pearl St., Elizabeth
City

Monday – Friday @
Noon

*Dry Dockers Group*
Serenity House
300 E. Pearl St., Elizabeth
City

Monday-Friday @
7:00pm

*Primary Purpose Group*
Riverside Methodist
Church
1400 Edgewood Dr.,
Elizabeth City

Wednesdays @ 7:00pm

*Serenity Group*
Cann Presbyterian
Church
311 W. Main St.,
Elizabeth City

Wednesday @ 8:00pm
Friday @ 8:00pm

*Friday Night 12 & 12*
St. Phillips Chapel @
Christ Church
200 S. McMorrine St.

Friday @ 8:00pm

*Living Sober Group*
Serenity House
300 E. Pearl St., Elizabeth
City

Saturday @ 9:00am

*Grupo Esperanza*
Serenity House
300 E. Pearl St., Elizabeth
City

Saturdays @ 6:00pm

*On The Fence Group*
Albermale Hospital, N.
Entrance
1144 N. Road St.,
Elizabeth City

Saturday @ 7:00pm

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| *Men's Big Book Study*<br>Cann Presbyterian<br>Church<br>311 W. Main St.,<br>Elizabeth City | Sunday @ 7:00pm |
| *Sunday Night Group*<br>Salvation Army Church<br>906 Fourth St., Elizabeth<br>City | Sunday @ 8:00pm |
| **Hertford**<br>*Hertford Group*<br>Hertford United<br>Methodist Church<br>207 W. Market St.,<br>Hertford | Thursday @ 8:00pm |
| **Moyock**<br>*Yes We Can Group*<br>Moyock Baptist Church<br>123 Oak St. (off NC 168,<br>Moyock | Tuesday @ 8:00pm |
| *Wedgewood Lakes Group*<br>Crawford Fire House<br>121 Shawboro Rd.,<br>Mayock | Thursday @ 8:00pm |
| **Murfreesboro**<br>*Murfreesboro Group*<br>Murfree Center<br>201 Broad St.,<br>Murfreesboro | Wednesday @ 8:00pm |
| **Sunbury**<br>*Gates County Sunbury<br>Group*<br>Beulah Baptist Church<br>967 U.S. 158 E., Sunbury | Tuesday @ 8:00pm |
| **Washington**<br>*Beaufort County Group*<br>St. Peter's Episcopal<br>Church<br>101 N. Bonner St.,<br>Washington | Monday & Thursday @<br>7:00pm<br>Tuesday & Wednesday<br>@ 1:00pm<br>Saturday @ 10:00am<br>Sunday @ 3:00 pm |

| **Williamston** | |
|---|---|
| *Martin County Group* <br> Macedonia Church <br> 7640 Hwy 17, <br> Williamston | Thursday @ 8:00pm |